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CONTRACEPTION

(BIRTH CONTROL)

ITS THEORY, HISTORY AND PRACTICE

Contraception

(BIRTH CONTROL)

Its Theory, History and Practice
A Manual for the Medical and Legal
Professions

BY

Marie Carmichael Stopes

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SEVENTH EDITION

With an Introduction by the late

PROF. SIR WILLIAM BAYLISS, M.A., D.Sc., F.R.S.

And Introductory Notes by SIR JAMES BARR, M.D., LL.D., F.R.C.P.,

DR. C. ROLLESTON, AND DR. JANE HAWTHORNE

LONDON: PUTNAM & CO., LTD.

42 GREAT RUSSELL STREET, LONDON, W.C.1

<i>First published</i>	. . . . .	<i>June 27th, 1923</i>
<i>Reprinted</i>	. . . . .	<i>December, 1923</i>
<i>Reprinted</i>	. . . . .	<i>July, 1924</i>
<i>Reprinted</i>	. . . . .	<i>July, 1925</i>
<i>Reprinted</i>	. . . . .	<i>March, 1926</i>
<i>Second Edition</i>	. . . . .	<i>June, 1927</i>
<i>Reprinted</i>	. . . . .	<i>January, 1928</i>
<i>Reprinted</i>	. . . . .	<i>September, 1929</i>
<i>Third Edition</i>	. . . . .	<i>July, 1931</i>
<i>Reprinted</i>	. . . . .	<i>June, 1932</i>
<i>Fourth Edition</i>	. . . . .	<i>May, 1934</i>
<i>Reprinted</i>	. . . . .	<i>November, 1935</i>
<i>Reprinted</i>	. . . . .	<i>October, 1937</i>
<i>Fifth Edition</i>	. . . . .	<i>August, 1941</i>
<i>Sixth Edition</i>	. . . . .	<i>October, 1946</i>
<i>Seventh Edition</i>	. . . . .	<i>June, 1949</i>

Made and Printed in Great Britain by
UNWIN BROTHERS LIMITED, LONDON AND WOKING

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Preface to the Sixth Edition

OWING to paper shortage and printing difficulties this book has been out of print and unavailable for over four years, though it deals uniquely and usefully with a subject which even the ordinary daily press recognizes as of first importance. Newspaper headlines "Atomic Bomb and Birth Control World's Greatest Problems" indicate the folly of the restrictions which have kept it out of medical hands.

Now, six months after the war has been won, in our victorious country, I am preparing this sixth edition for the press with paper and printing difficulties still rampant. Hence only the minimum of additions and alterations can be made to this textbook. It remains, however, up to date as regards clinical technique.

During the war there was no major advance or change of any major importance in birth-control technique anywhere in the world. Indeed, to be quite frank, I do not think any physiologically sound alteration of the essential clinical methods now perfected is likely for a very long time.

But during the war the unprecedented shortages affected the simplest contraceptive technique, and a method that had proved specially useful for women so isolated that clinical assistance was not available

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for them could not be used because the simple requisites were unobtainable. The invaluable "sponge and oil" method was stopped, as neither sponges nor olive oil were to be had in this country.

At headquarters, in contact with thousands of clamorous women in urgent need of this method, we had to devise a war-time measure to meet their need. It is a method that women in India and other clinic-less localities would find useful, and is therefore of more than temporary service.

Animal wool impregnated with melted Racial suppositories, castor oil or cooking oil, afford a tolerable substitute for the sponge and oil. I issued the note given as Appendix F on page 455 as a leaflet for the help of the poor women who were in desperate plights for want of the simple rubber sponge and olive oil.

As the world shortage of oils continues, this substitute method may have a practical use for some time to come, though directly supplies are available I shall recommend the return to the rubber sponge and olive oil.

Evidence accumulates that this book is needed in almost every country in the world, and I hope this, its sixth edition, may serve humanity.

MARIE CARMICHAEL STOPES

Surrey, 1946.

Author's Preface to the Fifth Edition

PREPARING this, the Fifth Edition, in the midst of the paper shortage of Total War, curbs my desire to double the size of this book and compels me to limit the inclusions of new matter to essentials. In several instances I have cut out or compressed paragraphs in order to make room for the new matter.

Chapter XII, dealing with Contraception and the Law is unchanged, though I should much like to have added the text of the recent Icelandic law which imposes on medical practitioners the *duty* of giving contraceptive instruction to women.

I leave also untouched the three historical chapters, IX Early History, X The Nineteenth Century, and XI The Twentieth Century, for these chapters formed the first history of the subject. Those who want fuller detail can now refer to the recent comprehensive "Medical History of Contraception," by Norman E. Himes, Ph.D., published in 1936.

One is tempted at this time of world crisis to add a chapter explicitly setting out the thesis that there is only one foundation stone on which lasting peace can be built, and that is the use of *Constructive Birth Control in every country in the world.*

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It is not a chance coincidence that the three aggressor States, Germany, Italy and Japan have all demolished birth control clinics, barred the distribution of knowledge, and coerced motherhood in frantic efforts so to increase the pressure of population in their respective countries as to appear to justify a demand for "lebensraum". But here I can say only that there *can* be no lasting world peace till love takes control, and every baby procreated is born of a desire to give that new life health, beauty and nine months of ante-natal love. And *only* constructive birth control, available for and used by all women, can accomplish this.

Medical men disseminating sound constructive control of conception are acting as instruments of international peace.

I am glad to be reassured by my many readers that this book is of use and I hope this new edition will be still more useful than the last.

MARIE C. STOPES

Mickleham,

Near Leatherhead,

January, 1941.

Author's Preface to the Third Edition

THE technical details of the Control of *Conception* attract increasing attention from the Medical and Scientific world. Hence it has appeared necessary somewhat to enlarge the scope of this book and to include more explicit details about various methods, some of which I felt it inexpedient to do more than mention in earlier editions, appearing whilst the whole subject was still vulnerable to the attacks of controversialists unwilling to treat this particular branch of medical science in a scientific and impartial manner.

This treatise aims essentially at being of use to the medical practitioner and it is inadmissible to omit description of certain methods because the advisability of their use is still a matter for discussion among experts. Hence descriptions and illustrations are added to this volume of the Luft Pessär (though it appears impracticable for general use) and the widely-known "Graefenberg Ring" and others formerly omitted or merely mentioned.

Since the Permissive Memorandum of the Ministry of Health (see text, p. 360) and the sanction of a large and increasing number of local authorities, numerous Officers of Health are faced

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with demands that they shall institute clinical instruction so that many are specially interested in the simplest technique which will successfully meet the requirements of clinics for the poor. With the foundation of birth-control clinics in many countries a number have now been established long enough to yield statistical data about various methods.

The fresh evidence on such points gathered together in this book will, I hope, be useful. It is especially encouraging to find that the simplest and cheapest technique of all (see p. 161) yields the highest degree of security and reliability so far as clinical records go at present. And it is also a source of personal satisfaction to me to find that my 1918 "fundamental formula" (that a vaginal rubber cap associated with a chemical is the *best* for the normal) is endorsed by the general consensus of clinical opinion (see p. 169).

One new point in the historical section of the book is of outstanding, indeed startling, interest to those who really care for the recognition of priority; and that is a reference I found in an old German book published in the year *eighteen thirty-eight* (1838) to the use of vaginal rubber caps (see p. 296), the original invention of which has hitherto been widely attributed to Mensinga, whose work was published in the eighteen-eighties.

In conclusion, I have to thank a large number of medical and other learned men and women from all parts of the world for their generous appreciation of this book, which more than counteracts the sporadic tendency of others to benefit by the

PREFACE TO THIRD EDITION

laboriously accumulated references and the numerous original facts here presented, which some restate while refraining from citation of their source or any acknowledgment of a very obvious indebtedness to these pages.

Finally, I am most happy that in this, the third and enlarged edition, I am able to cut out a considerable amount of matter from the text of the earlier editions which might legitimately be described as "propaganda," for in the decade's work for *Constructive* Birth-Control the propaganda has so successfully penetrated the strongholds of various powers in the community that its work being accomplished it can now be omitted.

M. C. S.

Hindhead,

March, 1931.

Author's Preface to the First Edition

THIS work was begun four years ago at the request of some distinguished medical men, and I have since been kept at the arduous toil by repeated and insistent demands from medical and scientific people all over the world.

To those acquainted with the details of the making of books there will be no need to emphasize the amount of labour involved in compiling a work on a theme about which so many scattered and miscellaneous opinions have been published, and never cleared up in any comprehensive manual.

In this book I hope at any rate to have gathered together and set out clearly all that is valuable of available human knowledge on our theme, and thus to have cleared the way for the initiation of deeper researches. I hope also to make easier the adoption of the best practical means of contraception by methods varying to suit specific cases.

In this book will be found not only that which is already contained in the scattered literature on the subject, but also new matter, both scientific and historical. Among the latter items undoubtedly the most interesting are the hitherto undetected and unpublished manuscripts of FRANCIS PLACE which will be found in Chapter X.

PREFACE TO FIRST EDITION

My endeavour has been to present the whole theme in language as simple as is consistent with scientific precision, so that not only experts may find it easy to grasp as a whole. Those who know most of the subject will best recognize the amount of new material in this book.

I am indebted to many distinguished medical and legal friends who have helped and encouraged me throughout the production of this book, but who desire not to be thanked by name; and my thanks are especially due to those who most kindly have written introductions and prefatory notes.

The generosity, appreciation and encouragement of those whom not only I, but the great world reverences and esteems, have filled me with a deep gratitude that I have been allowed to accomplish a task which I can only wish were better done.

I trust the work will be of use to those whom I desire to serve.

MARIE CARMICHAEL STOPES

Givons Grove,
Leatherhead, 1923.

Introduction by the late Professor Sir William Bayliss, M.A., D.Sc., F.R.S.

Professor of General Physiology, University College, London.

IT is with great pleasure that I take the opportunity given me to express a word of welcome to this book, which must have involved an enormous amount of work on the part of the authoress. I feel it indeed an honour to have even a small share in the beneficent efforts which we associate with her name.

So far as I am aware, there does not exist in any language a manual of this kind, giving a complete history of the subject, with full documentary evidence, together with a scientific account and criticism of the various methods of contraception advocated from time to time. It cannot fail to be of real service. We are led to form an opinion as to what may be the best method in any given case and warned from the use of those likely to be injurious. As is pointed out, we do not yet possess a universal and infallible one, but the best of those we have are of inestimable value as being almost invariably to be depended upon. The fact should incite further research, but this is difficult. No doubt, the records kept at the "Mothers' Clinic" will in time lead to much valuable information.

If I feel bound to make one or two reservations,

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which in any case are only my personal views and do not concern the main arguments of the book, I hope that they may be taken rather as evidence of the sincerity of my appreciation of the work as a whole.

As a physiologist, I could wish that stronger evidence were to be obtained of the absorption by the one sex of the secretory products of the other sex. It must be admitted, however, that the evidence given is very strong and that cogent proof is difficult. [See, however, confirmatory results obtained since this was written, *passim*.]

The other point is that it seems to me that it is unwise in the present state of knowledge to suggest, as appears to have been done, anything further than a limitation of the increase in stocks *known* to be bad, such as those with hereditary disease of body or mind. Unfortunately, the worst difficulty is with the mentally defective. In any case, such bad stocks are to be found in all classes of society. It is a regrettable fact, on the other hand, that ignorance is but too often shown by the wealthy where it has more opportunity for mischief. Even the so-called "educated classes" cannot be said to be free from it. In opportunities for learning methods of birth control, however, the wealthy have until recently been in a much more favourable position than the poor. It is quite possible that it is this factor which has contributed most to the lower rate of multiplication of the former class. Is it a fact that people of subnormal mentality do actually increase at a greater rate than the normal individuals of the same position

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in life? It must be very difficult to answer this question, although people of subnormal mentality are found in all classes. I do not believe that there is any essential difference of opinion between Dr. Marie Stopes and myself on these questions.

To my mind, the chief arguments for Birth Control are two, which are in many ways identical. The one is the relief of the mother from the results of frequent and repeated pregnancies, as is so well brought out in this book. It is inevitable that these results are more exaggerated in the poor than in those with more possessions, more especially as concerns the fate of the children, but it is only a matter of degree. The other argument is that which, so far as I know, Dr. Marie Stopes has the honour of bringing out into a clear light; I mean the possibility of a normal and beautiful married love. I may be allowed to recall that, writing in 1914, I expressed the hope that the sexual act would not only be deprived of all unworthy suggestions and associations, but would come to be looked upon as entirely noble and good. No one has contributed more to the ultimate attainment of this result than has Dr. Marie Stopes, and the courageous advocacy of birth control is an essential part of the service she has done. She has rightly insisted that the sexual act is of benefit physically, mentally and spiritually, and must be so regarded in itself and apart from its other purpose, also a noble one when properly used, of creating new souls.

If I may venture to say so, it seems to me that the question should be looked upon as one of normal

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physiological behaviour and, for that reason, practical instruction should be distinct from the cure of disease. The scope of the medical profession needs to be enlarged on the health side, with a different kind of training, not so much with an eye on disease as on health. If, as seems likely, the amount of knowledge of disease required at the present time is too overwhelming, is it too much to hope for a new class of "health officers," as we may call them?

Again, let me offer a hearty welcome to this new book, which can but add to the contributions which Dr. Marie Stopes has already made to the happiness of mankind. I sincerely hope that it will be widely read and taken to heart.

WILLIAM BAYLISS

Introductory Note by Sir James Barr, M.D., LL.D., F.R.C.P., &c.

Ex-President, British Medical Association.

K NOWING well the splendid work which DR. MARIE STOPES has long carried on in trying to raise humanity out of the slough of despond, I have much pleasure in complying with her request for a foreword to her book on Contraceptives.

Personally I have always approached the subject from the racial view-point; how is birth control likely to affect the future of the race? Would not Nature's method of the elimination of the unfit, and the survival of the fittest, which in the past produced some splendid examples of humanity, not surpassed in the present day notwithstanding our boasted progress, be as good as any process of artificial selection? Man is a rebel against Nature's laws and refuses to be weeded out merely for the benefit of futurity. Moreover Nature's methods are cruel and have no regard for the individual, her chief concern is with the preservation of the race.

In highly civilized countries such as England our altruism carries our sympathies to the most helpless, and while the fit have to shift for themselves the most degenerate have every consideration extended to them at the expense of the more worthy citizens. Nature's method of adapting the individual to the

INTRODUCTORY NOTES

environment which is the surest line of progress is reversed, and we adapt the environment to the individual, temper the wind to the shorn lamb. No one is responsible for his appearance on this earth, and, however undesirable his appearance may be, we may and perhaps should allow our altruistic feelings to minister to his comfort and survival, but we have no moral right to allow him to perpetuate his kind, and thus saddle the next generation with the maintenance of a race of degenerates; at present the lower fourth—including the submerged tenth—of the population is producing more than half of the next generation. At this rate of decadence it will soon happen, if it has not already occurred, that one-fifth of the population will be supporting the other four-fifths. While the virility of the nation was carrying on the war the derelicts were carrying on the race. Our sentimentalists and would-be philanthropists, at other people's expense, are crying upon those derelicts to produce more babies to replace the real nobility of manhood who perished in the war; this is the kind of material with which we are recruiting the next generation.

We have to a large extent abolished a selective death-rate, but as a nation we have made no attempt to establish a selective birth-rate. I have no objection to large families, always provided that they are healthy and intelligent, and the arrival of the members is so spaced out as not to interfere with the health of the mother or her progeny; and that they become an asset and not a burthen on the State. Those who produce the mentally and physically

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defectives commit a crime against society, a crime which will be often repeated until the body-politic is roused up to its responsibilities to the race, and then the sexual activities of the derelicts will be curtailed.

Self-styled moralists, often without sexual inclination, but who would have no hesitation in defrauding their neighbours, frequently tell us that if young women knew the use of contraceptives they would lose any morality which they now possess. On the contrary I maintain that feminine morality was never in a higher state of perfection, notwithstanding the prurient novels which they read. This sentimental stuff should be replaced by genuine information. Now that man, and I may add woman, have partaken of the fruit of the tree of knowledge, we should not allow "darkness to cover the earth and gross darkness the people." The innocence of ignorance is not worth preserving.

Women are sexually far more moral than men, and do not readily succumb to the tempter, notwithstanding his superior knowledge. It is the duty of parents to see to the proper sexual education of their children. We cannot put our trust in princes or men's sons, and the Churches one and all have miserably failed in preventing immorality and the spread of venereal disease.

Young women who are normally sexed should look forward to a happy monogamous union and not sacrifice future happiness for the doubtful gratification of promiscuous intercourse.

JAMES BARR

Liverpool.

Introductory Note by Christopher
Rolleston, M.A., M.D.OXON., M.R.C.P.
LOND., D.P.H.CAMB.

County Medical Officer of Health, &c.

DR. MARIE STOPES has asked me to state how her valuable little book will help the Medical Officer of the smaller English counties. Unlike his brother in the larger cities, who is an office worker and statistician, he comes into intimate clinical contact with his neighbours from their birth, or before, to their death. His duties comprise those undertaken in the larger counties by specially appointed infant welfare officers, school medical officers, tuberculosis and venereal diseases officers, and officers under the Mental Deficiency Act. He is written to on every conceivable subject. My own post-bag has contained letters asking me to give the writers information on the servant question, on the method of trepanning adopted in Neolithic times, on the advisability of my tuberculous or syphilitic patients entering into the state of holy matrimony, on housing, and, of course, on birth control.

On the latter point the letters are numerous from all sections of society. The middle-class man states that he and his wife are nervous wrecks from their

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constant fear of another baby; the artisan writes that as he is living in two rooms, and has already had four children, he wishes to obtain all available knowledge on the subject of birth control. But up to the present how imperfect have been our training and knowledge, and how little sound information have we been able to give to our tuberculous patients, who wish to marry but not to propagate their species; to the sufferers from epilepsy, and to the healthy couple who, owing to the failure of the housing schemes, are unable to acquire accommodation for a young family. Most valuable and detailed information is given in Chapters V, VI and VII of Dr. Stopes' book, and the careful perusal of these sections I commend, not only to the practitioner and medical officer of health, but also to the district nurse and midwife. I predict a great success for the work, and I wish to record my thanks to the author for her pioneer work in preventive medicine.

C. R.

An Introductory Note

From DR. JANE HAWTHORNE.

May, 1923

MY DEAR DR. STOPES,

I have been deeply interested in reading the proofs of your book, which presents so much knowledge in clear and simple language.

The references alone form a great work and prove the thoroughness with which you have approached a most difficult subject.

It is a book of reference which should be welcomed by the medical profession, as nothing of the kind has yet been published, although there is evidence of an increasing need for reliable information on such matters as are dealt with in its pages.

Yours sincerely,
JANE LORIMER HAWTHORNE

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CHAPTER I

The Problem To-day

TECHNICAL knowledge of how to utilize science to control conception has become essential to nearly every medical practitioner. Indeed, the world-wide use of sound methods of control of contraception has become a necessity, and is the very basis of a humane civilization and of international peace.

Before entering into the technicalities of the numerous methods now available for use, it may be wise first to define exactly what is meant by the Control of Conception, popularly called "Birth Control." The public mind has been confused by the innocently vague or the deliberately polemical misuse of terms: so before entering into the scientific and critical considerations attempted in this book, let us be explicit in our definition of what we are discussing.

DEFINITION.

Contraception (Birth Control) is the use by either sex of any means whatsoever whereby coitus (the act of union between man and woman) may be experienced while at the same time the fusion of the ovum with the spermatozoon may be averted, so that conception does not take place but potential fertility is retained.

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The careful reader will note that this rules out absolutely the inaccurate arguments sometimes put forward in polemical discussions that celibacy (that is in its accepted sense of life in the unmarried state) is a form of Birth Control: Celibacy may be looked upon as a mode of keeping down the total numbers of the population, but in a strictly accurate and scientific sense it is not a form of contraception or Birth Control. Neither is temporary abstinence from the act of union within marriage a form of Birth Control, though it be adopted by some married persons with a view to avoiding the procreation of offspring and thus to restrict the total number of children. The couple depriving themselves of the completion of their married state are living as unmarried persons do, and are not exercising contraception or Birth Control. The acts of those, however, who for the same reasons limit their unions to certain specified dates on which they think that union may safely be experienced without a conception following, come within the definition of contraception given above, for they are exercising the act of union while taking steps for the purpose of avoiding the consequent procreation of children.

It is important also that the medical profession should cut through the confusions which have so long existed between the sociological arguments and discussions on the limitation of total populations, and the purely medical and physiological questions of the control of conception by individual women.

For long past every community has limited its numbers in some way or other.

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In the course of its history every civilization, every community, has been faced at different times both by excess of population and by the lack of certain elements in the population which were, perhaps temporarily, desirable. MERCIER¹ said, "As an historical fact, there has never been any nation, people, or language, however little removed from barbarism, or even savagery, in which infanticide, the practice of abortion, or the limitation of conception, has not prevailed extensively. The three practices are complementary to one another, and where any of them is effectually forbidden, one or other of the remaining two will become efficient. Of these three modes, the prevention of conception is the most innocuous, and however we may deprecate its prevalence in excess, it is chimerical to suppose it will ever be abolished, nor is it desirable that it should be."

Hitherto no population has intelligently controlled the conception of its units in such a way as to meet its real needs. But for long past thoughtful individuals have controlled their own families. They have done so by various means, presumably the best available to their limited knowledge. The demand that knowledge of contraception shall be extended both in its range and application is now so great that medical practitioners in England at the present time must give attention to the subject, because people are using *any* means known to them to prevent the birth of a living child. The result too

¹ MERCIER, CHARLES, M.D., &c. "Crime and Insanity." *Home Univ. Library*, 1911. Pp. 255. See p. 219.

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often is the use of harmful contraceptives. Further, alas, it is true that even in our most civilized cities there are many to whom abortion by some means or other is the only method known by which they can limit the size of their families. Official evidence of this is difficult to obtain, for unless something unexpectedly goes wrong, no woman allows it to be known that she has practised abortion. Yet so recently as the year 1922 the *American Journal of Obstetrics and Gynecology* said, "It has been estimated that in New York City alone there are 80,000 criminal abortions annually,"¹ and large numbers of "therapeutic abortions in addition."

SIR E. RAY LANKESTER² pointed out very vividly that "Man is Nature's rebel. Where Nature says 'Die!' Man says 'I will live!'" and that man must face the consequences in his too great numbers. He points out that animal populations do *not* increase—" 'Increase and multiply has never been said by Nature to her lower creatures' except for a time and locally, but man, 'Nature's Insurgent Son,' is the *only* animal regularly and persistently increasing. Man can only deal with this difficulty, created by his own departure from Nature—to which he can never return—by thoroughly investigating the laws of breeding and heredity, and proceeding to apply a control to human multiplication based upon certain and indisputable knowledge."

¹ P. FINDLEY. "The Slaughter of the Innocents." *Amer. Journ. Obstet. and Gynec.*, vol. iii, No. 1, pp. 35-37. 1922.

² E. RAY LANKESTER (1922). "The Kingdom of Man." Pp. x, 114, illustr. London.

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What "natural" motherhood in the human species means when unaided by medical science was demonstrated by DR. SINCLAIR¹ in *The Clarion* even so recently as 1892.

Sometimes still medical work on contraception is hindered by the pseudo-arguments that it is "not natural." Such have been well dealt with by DR. A. KNOPF² a well known practising physician in New York.

Medical science still cannot escape social influences, and hence it is explanatory and illuminating to recall the attitude of departed clerics and even some doctors towards earlier advances in medical knowledge: In our own country inoculation against smallpox was denounced as being "indefensible on religious as well as medical grounds" . . . "a diabolical operation" . . . "a discovery sent into the world by the powers of evil." Then clergy preached against vaccination and described it as a "daring and profane violation of our holy religion." DR. ROWLEY preached against it, saying—"The law of God prohibits the practice: the law of man and the law of nature loudly exclaim against it." Yet where, to-day, is the cleric who would dare to preach thus to an educated congregation? Later the great SIR JAMES SIMPSON had a tremendous fight on behalf of the use of chloroform to relieve the pains of child-birth, which was denounced as

¹ *The Clarion*, Sat. Oct. 22, 1892. P. 8. Cols. 1-3.

² KNOPF, S. A., M.D. (1928). "Various Aspects of Birth Control; Medical, Social, Economic, Legal, Moral and Religious." Pp. 93, 4th Edit. New York 1928.

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irreligious because it is "unnatural." SIR JAMES SIMPSON, in his vivid way, pointed out that those who objected to chloroform which *really* alleviated the parturient woman's pains, permitted warm baths, compresses and manual manipulations *partly* to do the same. He added¹ "By these means they succeeded partially, in times past, in mitigating the sufferings and effects of parturition, and thought they committed no sin. But a means is discovered by which the sufferings of the mother may be relieved far more effectually and then they immediately denounce this higher amount of relief as a high sin. Gaining your end, according to their religious views, imperfectly was no sin—gaining your end more fully and perfectly, is, they argue, an undiluted and unmitigated piece of iniquity."

The extraordinary parallel between the language and kind of argument used by those who objected to chloroform with that used by those who to-day oppose contraception on "religious" grounds is so remarkable that there is little doubt that in another twenty years or less those same "arguments" will be used and those same objurgations hurled at some other advance of scientific alleviation of human suffering, and that no priest or cleric will dare to inveigh against birth control then, just as to-day none dares to repeat the sermons of his predecessors against chloroform.

A discussion of the causes and reactions of this

¹ SIR JAMES Y. SIMPSON, Bart., M.D. (1871) "Anæsthesia, Hospitalism, Hermaphroditism, and a proposal to stamp out small-pox and other contagious diseases." Pp. x, 560. Edinburgh. 1871.

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abnormal mentality in high places would lead us too far, but reference should be made to my Evidence before the Birth Rate Commission¹ and I may quote a couple of paragraphs from a valuable little paper published by the Medico-Legal Society of New York²: "In every community there are persons of privileged social and educational status, whose psycho-sexual attitudes and life have never attained real psychologic maturity. . . . Such persons all have painful moments of emotional conflict over their own sexual impulses, or over their methods of sexual self-expression . . . such persons tend to find a compensation for the painful and shameful aspects of their lives by exalting their own unfortunate defects, or the mask which conceals them, to the rank of a social virtue, or of a religious 'duty' to God. To insure to themselves this much-needed exaltation, they cannot bear to have the intellectualization of their idealized perversions frankly pointed out, or bluntly repudiated. In order to neutralize their own feelings of inferiority and of shame, they must therefore denounce the more healthy-minded ones as immoral, and must seek to coerce them to live according to the morbid ideal. . . . The morbid vehemence of these few insures imitation, or at least acquiescence, on the part of many of the more healthy-minded ones,

¹ M. C. STOPES (1920): Evidence before the Birth Rate Commission: "Problems of Population and Parenthood." Pp. clxvi, 423. London, 1920. See pp. 242-255.

² THEODORE SCHROEDER (1922): "Psychologic Aspect of Birth Control, considered in relation to mental hygiene." *Medico-Legal Journ.*, vol. xxxix, No. 1, pp. 16-21. New York, 1922.

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because the latter have not a sufficiently conscious attitude concerning the meaning and value of their own greater wholesomeness." "In the blurred and excited vision of such psycho-erotic morbidity, it was natural enough that no difference could be discovered between murder, abortion, and a physiologically and socially useful prevention of conception."

It is such people who keep alive controversies which still hinder calm scientific investigation and one of their pet phrases is "Race Suicide."

The phrase "Race Suicide" coined by ROSS, a Professor of Sociology in America, was taken up by PRESIDENT THEODORE ROOSEVELT, and has since become a regular journalistic war-cry. Recently, however, PROFESSOR ROSS has repudiated the current interpretation of the idea, as the conditions are changed, and he now considers the *unregulated* birth rate the greatest menace^{1 2} of civilization.

The dwindling and then dying out of a race which is implied in the phrase "race suicide" does not depend, and, in my opinion, has never been caused by the use of contraceptives. Races are injured by other influences, for instance by the sterilizing and detrimental effects of syphilis and gonorrhœa, which are immensely more potent as race-destroyers than even the *worst* contraceptive

¹ E. ALSWORTH ROSS (1912): "Changing America, Studies in Contemporary Society." Pp. 236. London, 1912. See also the *Birth Control News*, No. 1, May, 1922.

² E. ALSWORTH ROSS (1928): "Standing Room Only!" Pp. xiv, 68. London 1928.

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measures used in the worst kind of way could ever be. And similarly abortifacients are immeasurably more detrimental to a race than the worst contraceptives. Nevertheless, arguments against contraception have been based on the assumption that the intelligent control of conception would lead to a smaller production of citizens and the ultimate reduction to extinction point of the race who made use of these scientific measures. Much has been made of the sad predicament of France, but it is not generally stated that since 1920 (see p. 378) *contraception* has been a criminal offence in France, and that what she was suffering from were *abortions*, and the sterility induced by venereal diseases and various abnormalities. From a national point of view statistics are of some value as an indication of what is taking place; but of less value than is commonly supposed. Before relying on statistics we need to know in much greater detail the procedure of the private individuals from whom the statistics are compiled.

In connection with "race suicide" in particular, statistics dealing solely with the birth-rate are of little or no value as evidence although they are often quoted, and there is generally a newspaper outcry of pleasure when our birth-rate is high and tearful wails when our birth-rate is low. A few moments' thought however will make it apparent that the birth-rate itself is no indication whatever of racial prosperity or success. A high birth-rate, even the highest possible, coupled with a correspondingly high death-rate will not increase popu-

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lation, and as has long been apparent in China for instance (where a very high birth-rate prevails) a population with a high birth-rate may be nearly or absolutely stationary owing to the incidence of early deaths.

An interesting paper by RUBIN¹ brings this point into prominence, and he concludes that however great in olden times was the birth-rate, the death-rate kept the peoples from multiplying, but that in recent times the races multiply enormously by reducing the death-rate, and between 1800 and 1900 the population of our quarter of the globe has increased from about 187 millions to about 400 millions.

The birth-rate and the death-rate of infants and young persons must be considered together, for it is evident that even with a low birth-rate if there is a very low death-rate of infants and the immature, the survival rate of adult persons may be so satisfactorily high that the numbers will increase rapidly. As a matter of fact evidence from a number of different countries seems to show that where the birth-rate is very high, early mortality is also *generally* high, and, therefore, the survival rate is low. Arguments on these lines have been specially developed by the Malthusian League, and details of their position will be found in DRYSDALE'S book² and the old journal, the "Malthusian." Although

¹ MARCUS RUBIN (1900): "Population and Birth-Rate, illustrated from Historical Statistics." *Journ. Roy. Stat. Soc.*, vol. lxiii, pp. 596-625. London, 1900.

² C. V. DRYSDALE, D.Sc. (1913): "The Small Family System, is it injurious or immoral?" Pp. 119. London, 1913.

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one cannot accept without question either all their statistics or their deductions, several of their main arguments are substantially correct. Many others, of course, have dealt with various aspects of this subject, and by a study of the ordinary published statistics it is easy to ascertain that the *survival* rate is distinct from the birth- and death-rates, and nationally is the most important factor.

Indeed, if the birth-rate is considered in relation to the total population, the only way to keep the birth-rate high is for the babies to die! Speaking before the Eugenics Education Society a few years ago I gave a very simple illustration to show that the birth of each child sends *up* the birth-rate for one year and sends it *down* for approximately twenty years! This point is generally overlooked, but should be borne in mind, so I will repeat the illustration:—

A healthy young couple are cast away on a comfortable uninhabited island yielding food and shelter in plenty. Total population 2. A child is born to them: birth-rate 50 per cent. Total population 3. A second child is born, but this time the birth-rate is not 50 per cent. of the total population, but only $33\frac{1}{3}$ per cent. Total population 4. Another child is born, and this time the birth-rate is 25 per cent. and so on for the twenty years or so while the original couple are fertile and before the new generation gets paired off and starts reproducing. Here you see *the steady decline of the birth-rate* AS A RESULT of the steady increase of the population.

If, contrariwise, every one of these infants had

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died at or within a year of birth the birth-rate would have remained high, at 50 per cent. of the total population, but the total population of the island would have remained stationary. Birth-rates, therefore, must always not only be "corrected" but also presented in correlation with death-rates and survival rates of young people up to at least 20 years of age. Moreover, as the death-rate of old people is postponed, and the old live longer, so also is the apparent birth-rate in proportion to the total population sent down. These few illustrative examples should suffice to show the fallacy of the "race suicide" argument which bases its outcry on a low birth-rate alone. Reference should be made to the useful survey by MILLARD¹ and an invaluable analysis of the Australian census by KNIBBS.² CHARLES drew attention to the necessity to correct crude statistics to set out the proportion of women of fertile age in a community, and their girl babies.³

A further national consideration involved in the use of contraception hinges on the *quality* of the offspring produced. It is maintained by those who are in favour of contraception that by its sound and proper use detrimental births (that is births which will either injure the mother or lead to unsatisfactory offspring) can be avoided in the cheapest and most

¹ C. KILLICK MILLARD, M.D.: "Population and Birth Control." Presidential Address, to Leicester Lit. and Phil. Soc. Pp. 48. Leicester, 1917.

² G. H. KNIBBS: "Appendix A, vol. i, to the Census of the Commonwealth of Australia" (applied to the data of Australian Census, 1911). Pp. xvi, 466. Melbourne, 1917 or 1918 (no date on title page).

³ ENID CHARLES: "The Twilight of Parenthood." Pp. 226, London, 1934.

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wholesome way. This is a twofold national advantage, both preventing the wastage of the mother's vitality and the outlay involved in the production of delicate, diseased or unwholesome infants which are unlikely to live, and are therefore a great source of expense and waste. For *lack* of such control we are in real danger of a race suicide not yet properly realized. Because the decline in the birth-rate appears to be much greater in "those sections of every class in which there is most prudence, foresight and self-control¹ than among the population at large." A vivid illustration of the racial danger of wrong and uncontrolled breeding is given by a dignitary of the Church of England who quoted PROFESSOR KARL PEARSON in his argument favouring contraception.² "A blind woman had two daughters blind at 40. Of her five grandchildren only one escaped; the other four were blind by 30. Of her fifteen great-grandchildren thirteen had cataract. Of the forty-six great-great-grandchildren who can be traced, twenty were of feeble sight at 7, and some lost the sight of both eyes. Forty defective individuals in a stock still multiplying, which nature, left to herself, would have cut off at its very inception!"

Leaving aside *tainted* stock, the value of the SPACING of births as a purely hygienic measure is of great national importance. Statistics have been prepared from carefully selected families showing

¹ SIDNEY WEBB (1905): "The Decline in the Birth-Rate." Fabian Tract, No. 131. Second reprint. Pp. 19. London, 1913.

² W. R. INGE, D.D. (1922): "Outspoken Essays" (Second Series). p. vi, 275, London, 1922.

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the mortality of young children according to their place in the family and the spacing measured in length of time between fraternal births. Expressed in a few words the main result of these inquiries was to show that where less than two years intervened between successive births from the same mother, the chances of life of the infant were almost halved in comparison with those spaced at two-year intervals or more. Consequently the argument is obvious that spacing by control so that the natural hasty succession of births is avoided is a measure of national benefit, as producing more economically than in any other way a larger proportion of healthy potential citizens. This is also well shown in a general way by the middle classes who on the whole have *spaced* children, and who lose far fewer in infancy than do the classes ignorant of means of control.

That the knowledge of contraceptives is used in this way to produce families in the interests of the State is interestingly demonstrated by the results of the questionnaire sent out by the Bureau of Social Hygiene in America,¹ which showed that the average number of pregnancies was *higher* among those intellectuals who used contraceptive measures than it was among those who did not!

A readable essay on the national aspects of this subject appeared from the pen of COL. G. T. L. MAURICE²; and to this reference may be made for a

¹ DR. K. B. DAVIS (1922): "A Study of the Sex Life of the Normal Married Woman." *Journ. Social Hygiene*, vol. viii, No. 2, pp. 173-189. New York, 1922.

² COL. G. T. K. MAURICE, C.M.G. (1922): "Birth Control and Population." Pp. 56. Sci. Press. London, 1922.

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balanced discussion of the greater national problems which are outside the scope of my present work.

As I pointed out in 1921 in Chapter XIX of "Radiant Motherhood," the loss to the community measured in potential work undone owing to ill-health of the mother or child, coupled with the wasted work done by doctors and nurses in attending to illnesses which ought never to have taken place, is a very great national loss quite apart from the expense and wasted work involved in the making of a large number of infants' coffins.

Such wasteful births also augment the charges on the rates and taxes because some form of relief and maintenance for unemployables and defectives is almost always given. "Race Suicide" to-day consists in permitting unchecked the growth of a parasitic degenerate population to suck the life-blood from the healthy and responsible sections of the community.

Medical men are sometimes puzzled by the apparently scientific statement that birth control must be bad for the race because the "first-born are inferior." This stock phrase is disposed of by COBB who pointed out clearly that HANSEN'S original statement, "The inferior quality of the first-born children" (*Eugenics Review*, 1913), was based on serious errors of data and inaccuracies in the methods of corrections of the statistics employed which were consequently inaccurate and misleading.¹ Nevertheless, it takes much to kill an "argument" which

¹ See J. A. COBB (1914). *Eugenics Review*, vol. v, No. 4, pp. 357-9. London, 1914.

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lends support to fixed prejudices, and the statement still has a currency it does not deserve. The fact that PROF. KARL PEARSON, the well-known statistician, also published "proofs" of the "inferiority" of the first- and second-born, gives a misleading weight and authority to this mistake, and few in England seem to know the refutation of his views, and exposure of his fallacies in this connection, made by PROF. MACAULAY, the Ex-President of the Actuarial Society of America.¹ GREENWOOD and YULE² also demonstrated some of the objections to accepting PROF. PEARSON'S conclusions. The subject frequently comes up for partial discussion, as in the Correspondence columns of the *Lancet* and elsewhere, and references to the theme are too numerous to be considered here.

Some very interesting data were collected by ANSELL long ago,³ who showed that the number of still-births, and also the mortality in the first week of life, were greater in the first-born; then, however, for a number of years, of those who survived, the vitality of the first-born was *greater* than of the other children.

¹ T. B. MACAULAY. "The Supposed Inferiority of First and Second Born Members of Families—Statistical Fallacies." The Herald Press, Montreal.

² M. GREENWOOD and G. UDNEY YULE (1914): "On the Determination of Size of Family and of the Distribution of Characters in Order of Birth from Samples taken through Members of the Sibships," *Journ. R. Statist. Soc.*, vol. lxxvii, pp. 179-199. London, 1914.

³ CHARLES ANSELL (1874): "On the Rate of Mortality at Early Periods of Life, the age at marriage, the number of children to a marriage, the length of a generation, and other statistics of families in the Upper and Professional Classes." Pp. ii, 89. London, 1874.

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In considering the "inferiority" or "superiority" of an individual, however, it is crude to forget their potential parenthood; and a careful study of EWART'S¹ very interesting paper will reveal not only the complexities of the necessary considerations, but also that "some credence can be given to the belief that those born during the declining years of life" . . . have a "low survival value of their offspring."

Another fallacy which has a wide currency is indicated in the cliché "all infants are *born* healthy." This generally has tacked on to it some such corollary as, "therefore all would grow up healthy if they were given good environmental condition, better housing," &c., and "the State needs every child born." This series of fallacies is best demolished at its foundation by demonstrating the utter falsity of the idea that "all infants are born healthy." Very much evidence can be adduced, but I will quote one record only. The live births at the Baudelocque Clinic (where cleanliness and "housing conditions" at any rate may be accepted as satisfactory) in 1920 numbered 3,021. Of these 103 died in the first ten days, the causes of death being "especially congenital debility due to premature birth and *hereditary* disease."² The obvious prophylaxis for such cases is to prevent *conception* in all women as are likely to yield births of unsatisfactory type. Furthermore,

¹ R. J. EWART (1917): "The Influence of Age of the grandparent at the birth of the parent on the number of children born and their sex." *Journ. Hygiene*, vol. xv (years 1915-1917). See pp. 127-162.

² "The World's Health," *Red Cross Soc. Rev.*, vol. iii, No. 2, February, 1922, pp. 68-69.

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one has only to mention syphilis to be reminded of the myriads of infants who were born already rotted by disease which "environment" could *never* make normal.

Another point about which the practitioner must inform himself, for it is sure to be put to him by thoughtful patients, is the statement that if women use contraceptives in the earlier years of their married life, they "will become barren," so that if at any later time they desired to have children (perhaps, for instance, owing to the fact that those they had have died and they have become childless by accident) they would find that they would be unable to bear further children. A recent answer by an American gynæcologist appeared under the title "The Myth about Sterility following Contraceptive Methods."¹

My answer to the "barrenness" idea is in several parts:

(a) It is true that certain bad and unwholesome methods, such, for instance, as "coitus interruptus," may produce impotence in the man, which would naturally result in barrenness in his wife.

(b) Some harmful practices on the part of the wife might injure her potential fertility. BUT,

(c) Where sound and wholesome methods of birth control, such as the greasy suppository, the sponge or the soft rubber cap have been used, no possible physiological sterility can be imagined to

¹ KNOFF, S. A. (1930) "The Myth about Sterility following Contraceptive Methods." *Medical Journal and Record*, pp. 368-371. Oct. 15, 1930. New York, U.S.A.

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ensue, and none has ever yet been proved against these harmless methods.

(d) Nevertheless, sterility may arise through two factors: (i) that every passing year increases the *possibility* of chance or immoral gonococcal infection, and gonorrhœa overlooked or neglected in women may lead to absolute sterility, in which case the use of contraceptives would get the blame for what is really due to venereal infection, and (ii) naturally, after the age of 30 or so, the potential fertility of the woman slightly but steadily declines, so that her inherent likelihood of rapid childbearing is reduced, until at the age of about 50, the chance of her natural child-bearing, even without using contraceptives, is very materially reduced, and in the case of many women entirely past. Hence if a woman uses contraceptives during the early fertile years of her life, and only begins child-bearing after her natural fertility has somewhat declined, the rapidity with which she will bear children is naturally reduced, not due to contraceptives in any way, but due to the normal physiological decline in her potential fertility.

The culmination of public interest in the problems revolving round scientific control of conception resulted almost simultaneously in the year 1930 when the Ministry of Health yielded to the public demand that contraceptive information should be available through Centres and Clinics subsidized

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by the Ministry (see Ministry's Memorandum on p. 362), and the sympathetic Report and Resolutions of the Bishops assembled in Conference at Lambeth (see p. 346) as well as the resolution passed within the British Medical Association itself. Patients are no longer content to be kept in ignorance by their medical practitioners and a woman knows that if her own doctor refuses her, or is incapable of giving her, the information she demands there are other sources of knowledge and other doctors who will take on her case.

One cannot disguise the fact, however, that necessary technical knowledge is not yet possessed by all whose position calls for it (see also p. 383). In 1920 the Annual Report of the Ministry of Health shocked public opinion:

"The death-rate of women in childbirth remains approximately what it was twenty-five years ago, and we lose by death every year upwards of 3,000 mothers . . . a substantial number of the 700,000 who gave birth to children in 1919 were so injured or disabled in pregnancy or childbirth as to make them chronic invalids."¹

Ten years later things were no better and we read in the corresponding Annual Report for 1930, p. 14.

"Unfortunately 'the total puerperal mortality,' that is maternal death rate directly due to pregnancy or child bearing remains almost stationary."²

¹ Annual Report of the Chief Medical Officer, Ministry of Health. London, 1920. See p. 44.

² Annual Report of Chief Medical Officer, Ministry of Health. London, 1930. See p. 14.

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Statistics are difficult to obtain which would show exactly where to allocate the various causes for this persistent maternal mortality. But there is no doubt whatever that a considerable proportion of it is due to sepsis initiated by women's own attempts at self-inflicted abortion resulting from their ignorance of scientific contraception methods.

The medical practitioner, too long trained as a doctor of disease, is beginning to realize that his prime function is the preserver of health. As so large a proportion of female ill-health can be directly traced to an excessive number of pregnancies in too rapid succession, and to pregnancies under unsuitable conditions, it is obvious that the proper use of contraception as a fundamental health measure is the practitioner's concern.

CHAPTER II

Theoretical Desiderata— Satisfactory Contraceptives

THE all too prevalent idea that in coitus the woman is a passive instrument and the man guilty of "self-indulgence" or "allowing relief to his baser nature" has been, and still is, the source of an incalculable amount of racial injury.

It is essential first to be explicit about the fact that the coital act is an extremely complex physiological and social function in which the woman (as well as the man) is an *active* partner, and from which both derive physical, mental, and spiritual benefit if this act is fully and correctly performed.

The realization that the *woman* should be an *active* and *joyous partner* in the act may be thought by some to require demonstration, as even by medical practitioners this has often been denied. That a normally healthy woman has an active sex life with spontaneous requirements different from, yet not entirely incompatible with, those of her male partner, must be accepted as an axiom before contraceptives can be intelligently discussed. Some aspects of this fact are given in "Married Love,"¹

¹ M. C. STOPES, "Married Love" (First Edit. 1918). See Twenty-third Edit. Pp. 191. London, 1937.

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to which readers should refer. In that book for the first time were published charts of woman's spontaneous rhythm of sex desire, and about this demonstration DR. HAVELOCK ELLIS, the great sexologist, wrote in the *Medical Review of Reviews*, bringing contributory evidence¹ from two other aspects of woman's sex life to indicate the correctness of the Stopes curve in having two wave crests of spontaneous desire in each menstrual month. ELLIS concluded his account of his independent lines of evidence by saying, "It is remarkable that they should both confirm what we must regard as the two essential points in DR. STOPES' teaching: (1) the regular existence in women of a menstrual wave of sexual desire, and (2) the occurrence in that wave of two crests. This seems to represent the most notable advance made during recent years in the knowledge of women's psycho-physiological life."

Accepting then as one axiom that normal women do have spontaneous sex desires, the second axiom I would have you accept before we investigate contraceptives, is that the best times for the coital act are those when both the husband and the wife have *mutual* desire. Then only is the act perfectly performed and of fullest physiological and psychological benefit.

Hence the proper form of contraceptive must be one available for use at *any* time by the pair: and so the "safe period" often advocated by "moralists"

¹ HAVELOCK ELLIS (1919), "The Menstrual Curve of Sexual Impulse in Women." *Medical Review of Reviews*, Vol. xxv, No. 2, pp. 73-77. New York, February, 1919.

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is not satisfactory (see also p. 95). The proper contraceptive must also be one which permits the natural and complete contact between the tumescent sex organs; hence from the nature of things all sheaths and coverings worn by the man have serious disadvantages (see also p. 155).

Finally, the theoretically perfect contraceptive should be so unobtrusive as not to obtrude on the consciousness of either party during or immediately after the coital act. In my opinion, in coitus, any mental or psychical injury is quite as harmful as any physical one. The injury caused by a "failure" is not to be neglected. The women attending our clinic afford some useful social data.

EVIDENCE ON MISCELLANEOUS CONTRACEPTIVES:

Out of the first five thousand attending the first Clinic (4,834 women who came specially for contraceptive information), we have records of 1,284 (which is 25 per cent.) having used some contraceptive prior to coming to the Clinic. It is indeed likely that others may have used methods and been too shy to tell us or held the point in reserve for some reason or other. We found for instance that some of the poorer class women were inclined to consider that if they had told us they had used some other method, it would be in an indirect way discourteous to us; and they feared that we would be less helpful to them if they knew anything, so it is possible that a larger number were already using other methods with which they were dissatisfied.

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It must be remembered also that the following facts are collected from people who were sufficiently dissatisfied with these other methods to come to us for our help, in the hope of learning of a better method. The percentages of failure, therefore, may not be entirely representative of the country as a whole; nothing but a universal compulsory census would yield irreproachable data for comparison about all the methods in use. The following figures made a beginning and are interesting as showing the enormous preponderance of *coitus interruptus* in comparison with the other methods tried.

Basing the returns on the recorded evidence, the analysis of the methods adopted and their degree of success is indicated in the following table:—

From the first 5,000 clinical cases recorded.

METHODS TRIED *before* COMING TO THE CLINIC AND
THEIR PERCENTAGE OF FAILURE AND SUCCESS.

Method previously adopted	Total No. of Cases	Apparently used successfully		Certainly used unsuccessfully	
		No.	Per cent.	No.	Per cent.
Condom or Sheath ..	198	49	24·75	149	75·25
Douching and Syringing	62	3	4·84	59	95·16
Various Cervical Caps	62	9	14·52	53	85·48
Sponge	18	5	27·70	13	72·30
Quinine Pessaries ..	110	2	1·82	108	98·18
Coitus Interruptus ..	814	148	18·18	666	81·82
Safe Period	12	—	—	12	100·00
Nursing	8	—	—	8	100·00

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These being most of the methods popularly used, and all showing such a high proportion of failure, one may well ask: What technical methods to achieve reliable control over conception during a fully and properly performed coital act by normal and fertile people have we at the present time?

It may be briefly stated at the outset that the *absolutely* ideal (as considered from the point of view of strictly scientific perfection) method of contraception has not yet been devised, although several humanly satisfactory methods are in use to which little objection can be taken, as they very nearly conform to the theoretical requirements.

In the great variety of contraceptives in use or which could be imagined, one or other of three essential characteristics are necessarily involved:—

(1) That the ovum itself is rendered irresponsive or incapable of fusing with the sperm.

(2) That the sperm is prevented from meeting with the ovum.

(3) That the contraceptive renders the ejaculated sperm infertile.

Theoretically, it is perfectly possible to imagine some injection, serum, toxin, or internal secretion, which might render the ovum or the sperm respectively incapable of playing its part in fertilization. Such a contraceptive may appear to have many desirable characteristics. Its existence, however, is theoretical, and will remain so until practically effective research on this very abstruse and difficult theme has been accomplished.

The second of the three alternatives mentioned

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above may be achieved in a variety of different ways, the commonest and best known being by the use of the condom (vulgarly called the "French letter") which by enclosing all the ejaculated sperms in the membrane of the condom, prevents them from reaching the ovum. Apart from its high degree of failure, as indicated by the figures, p. 25, were the seminal fluid a simple procreative substance only, with no other accessory qualities, characteristics or potentialities, this method might appear to be theoretically perfect. The fact, however, is otherwise, as will be elaborated on later pages (pp. 77, 153), depending partly on the existence of valuable accessory characteristics of the seminal emission, and partly on account of unsatisfactory features involved in the use of the condom itself.

The separation of the sperm from the potentially fertilizable ovum may also be accomplished by the internal cap or pessary used by the woman. This does not intervene between the seminal emission and its contact with the vaginal walls, and therefore avoids one of the objections to the sheath. It stands on guard between the ovum and the motile spermatozoon as effectively as the sheath and without its detrimental effects.

While the *main* object, that is the prevention of the sperm from reaching the ovum, may appear to be equally accomplished by both of these methods, the subsidiary uses of the coital act are not interfered with by vaginal caps in the way they are by condoms.

Therefore, the pessary approaches the standard

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of the theoretically perfect method much more nearly than does the condom.

The accessory values of properly completed coitus are too frequently ignored in general practice, and much marital ill health can be traced to the widespread ignorance among the lay public of the essential facts of coitus and the benefits to be derived from it. In illustration of this theme (which, for the purpose of this book, must be treated as axiomatic), one or two references may be mentioned. For instance: HAVELOCK ELLIS¹ notes the experience of an Austrian gynæcologist that of every hundred women who came to him with uterine troubles, seventy suffered from congestion of the womb due to incomplete coitus (see also p. 75).

Such incomplete coitus may, of course, be due to a variety of procedures on the part of the married pair, but though sometimes mere ignorance of normal procedure is the cause, this is relatively rare. The incomplete coitus in one form or another is generally due to mistaken and incorrect attempts at controlling conception.

NYSTRÖM² pointed out long ago that the so-called "sex coldness" of women would not exist if they were correctly and ardently wooed, and if those who did not desire children used sensible contraceptive measures instead of *coitus interruptus*.

¹ ELLIS, HAVELOCK (1910), "Sex in Relation to Society." Pp. xvi, 656. See p. 551.

² NYSTRÖM, A. (1907), "Das Geschlechtsleben und seine Gesetze." Eighth Edit. See p. 177.

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McDonagh¹ goes so far as to say, "Another very common cause of sexual neurasthenia is *coitus interruptus*, a continued practice of which may even lead to dementia."

This subject is treated more fully on pp. 75 *et seq.*

It should not be forgotten that in normal coitus properly performed, the orgasm of the woman is of direct assistance toward achieving the result of conception, though the necessity for orgasm to ensure conception varies greatly with different women. It is on record that women can conceive when in a state of narcosis, and many a fertile mother has never felt an orgasm in her life: yet, on the other hand, many sensitive women only conceive as a result of a fully completed orgasm.

Thirdly, after ejaculation into the vagina, the living spermatozoa may be demolished easily by a great variety of chemical substances also placed in the vagina. These may act as simple plasmolizers as clogs or as definite poisons to the spermatozoon.

It should here be emphasized that the true contraceptive (as distinct from the sterilizer) should have an effect applicable at will to one coital act only, and should not have any permanent effect on the individual using it.

We may take it then that the contraceptive which approximately conforms to the theoretical demands should accomplish the following:—

¹ MCDONAGH, J. E. R. (1915), "The Biology and Treatment of Venereal Diseases." See p. 480.

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It should either shut away the sperm from the ovum completely and securely (and without at the same time depriving the partner's vagina of contact with the seminal fluid) or it should completely and reliably destroy the life and activities of the spermatozoa in the semen without in any way injuring or destroying the accessory substances in the seminal fluid and without injuring the lining or the bacterial inhabitants of the vagina.

Theoretically, the second result should be as easy to obtain as the former, but in practice it was many years before it was ascertained what substances are available to deal with the spermatozoa effectively without having some detrimental effect on any other cells or tissues. It was hastily assumed that a germicide would necessarily be a spermicide, but that is not essentially true. Quinine, which is widely and beneficially used at present; has certain detrimental effects on a small number of people, and does not, therefore, conform to the theoretically *perfect* contraceptive substance. Other theoretically better substances depart still more from the desirable standard owing to difficulties of application, but experience with many thousands at Clinics has shown that the RACIAL suppositories and also pure olive oil have no harmful effects whatever and are also admirable and reliable contraceptives if properly applied (see p. 136)

The vaginal occlusive cap or "small occlusive pessary" if properly adjusted by the woman over the cervix so that it covers over the entrance of the os, but does not cover, or intercept contact between

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the penis and the vaginal walls, offers no chemical or destructive action to either the sperm or the vaginal capacity to absorb (see p. 170). After insertion it is entirely unobtrusive. It is considered more in detail on p. 183.

An assertion was made¹ in the *Lancet* that the absorption from the ejaculate takes place in the uterus itself: this was at once challenged² and has obtained little support. The whole vaginal canal and the cervical regions are absorptive and thus the small cap only deprives the woman of a fraction of the benefit to be derived from complete coitus, for the main benefit of coitus is not dependent on the entry of the sperm to the uterus itself, but is achieved through the venereal orgasm together with the effects of absorption through the vagina. This is clear from the large number of women who find coitus with the use of the cap entirely satisfactory and extremely beneficial.

If a spermicide is decided upon as theoretically the most desirable form of contraceptive in any specific circumstance, there then appears to be no reason why the other requirements of the system of the individual patient involved should not be taken into consideration, and in my opinion, the use of a spermicide offers an interesting opportunity for the ingestion of some substance useful to the whole system. A certain number of women do undoubtedly benefit by the absorption of quinine which naturally

¹ A. THOMSON in the *Lancet*, January 7, 1922.

² BLAIR BELL in the *Lancet*, January 21, 1922. See also STOPES in *Health*, March, 1922, p. 226.

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results when using quinine as the spermaticide; others, on the other hand, suffer detrimental effects from quinine (see p. 112).

Wherever abnormalities of any sort are present special considerations must come into play, and in specific cases the more advisable method might be quite other than that which would be the best for a normal and healthy woman. Considerations of some such special cases are indicated on pp. 228 *et seq.*

As the act of coitus is not solely a physiological process, but one which, particularly in our later civilizations, is so complex and so involved with sentiment and spiritualized feeling, the ideal contraceptive *must* be one the use of which is sufficiently simple and easily adjustable not to interfere with the psychological reactions of the act. For this reason the practice of douching, not uncommon (see p. 144), is thoroughly unsuitable, even if it were satisfactory in other respects, which incidentally it is not.

Once contraceptives are studied adequately they might be so planned as to combine their function with that of a tonic or other substance likely to benefit the individual case. Theoretically, however, as I have persistently maintained, **contraception should be treated primarily as a problem for the perfectly healthy woman**, and, therefore, should not be complicated by any accessory requirements. Wholesome contraception is a valuable tool in the hands of those who work toward elevating our sex knowledge in the way urged by the late PROFESSOR

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BAYLISS.¹ The main and most legitimate objects of a true contraceptive are to permit of the full benefits of coitus, the complete absorption of all that can naturally be absorbed and used from the seminal fluid, and the prevention of the union of the spermatozoa with the ovum on all occasions save when a child is definitely desired.

This seems a very simple requirement, but even yet, after many centuries of use, we are far from an adequate knowledge of contraceptives. So far as present records go nothing better for the perfectly normal woman exists than the internal cap, which will be described and dealt with on p. 178; added safety is gained by the addition of a soluble suppository. While for women who cannot wear the cap, or who cannot get expert advice and examination, the sponge and pure olive oil (see p. 163) have proved invaluable.

When I first wrote on the subject of contraception in 1918 ("Wise Parenthood") the only great authorities of the day were the English Dr. Havelock Ellis and the American Dr. Robie. Both advocated the condom as the "best method." There was no Clinic then in existence. In the few pages of "Wise Parenthood" I laid down the basis for scientific estimation of methods, and enunciated what may be described as the "cap and chemical formula" as being the physiologically best method of contraception.

I am glad to see in this year, 1941, that all of the

¹ W. M. BAYLISS (1914): "Principles of General Physiology." London, 1914, see p. 292.

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many hundreds of Clinics which have sprung up following mine have adopted the "cap and chemical" as the basis of their work.

The non-medical Dr. Himes favours the old-fashioned condom, but in his later book testifies that the cap and chemical method "is the 'best' method in the sense that it is the most widely recommended by the Clinic doctors for the majority of cases." Caps of course vary in size, shape and texture and the chemicals used are innumerable.

CHAPTER III

Indications for Contraception

AS will be seen in the chapters dealing with the history of the subject (p. 251), some enlightened medical practitioners have for over a century spread information on contraceptive measures among their patients.

Yet in regular practice even now (1941) individual doctors still differ much in their willingness or otherwise to hand on to their patients what contraceptive knowledge they have. Reference should be made to "Mother England"¹ for details of many such instances indexed therein. Cases such as the following are, unfortunately, still prevalent.

CASE B. 200.—A very poor and delicate woman who has several children and nearly died with each childbirth. Doctor attending her told her she must have no more, and when asked how it was to be avoided replied "Find out." As her husband at times gives way to drink, she must have a means entirely within her own control.

CASE 753.—Will tell her story in her own words: "I myself am an ex-nurse. I trained at —— Hospital

¹ M. C. STOPES (1929), "Mother England, a Contemporary History, Self-Written by those who have had no historian." Pp. vii, 206, London, 1929.

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fifteen years ago. I married my first husband, a dentist, on completion of my training. I had a very serious premature seven months' child the second year of my first married life. Then one year eight months after I had my little boy. He is now 10½ years. Then one year eight months after I had my little girl. She was a posthumous child born six months after my husband died. Fifteen months after the death of my first husband I married this second one, a school friend of the first, now 54 years. He had previously been married to his first wife twenty-three years and never at any time had they any children or even signs of any. I married him in 1913 and in spring 1916 I had a little daughter, and in November, 1918, another. It causes a lot of unpleasantness. My husband is a middle-aged man and a bad heart case and not at all strong (and by the way out of work two months now). I am in very bad health now, debility, tubercular and heart trouble. I have been under treatment the last six years. What right have we to bring children into the world? It takes me all I know to do the ordinary housework of a small house and keep the little ones clean. The boy and girl have had phthisis and it has taken me five years of great care and nursing to get them right and it is only a month ago I had them declared free from all signs. Now baby is under suspicion. I am so afraid of conception I cannot bear for my husband to even speak kindly to me, or even put his hand on my shoulder for fear he wants his rights. And it causes a lot of anger and misery. It is two months since I last allowed him inter-

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course, and many times it is much longer. I may say I am 37 years old last July and in *each confinement I have been told I was not a fit or strong enough woman to have children.*" [And she was left ignorant.] "Do please help me if you can."

The following letter also is unfortunately not an account of a unique experience: "... a doctor whom, at my wife's request, I asked to provide the necessary article, charged me £1 1s. for ridiculing our request and advising us to scratch for however many children arrived, like the hen does for her chicks."

And what would practice in 1931 say to such cases as C. D. 1054, supplied to me by the medical practitioner who attended her end but a decade ago. She was married young to a man with syphilis and she had in all twenty-four miscarriages and then died of paralysis of the lower half of the body.

Recently, however, several medical practitioners who might fairly be described as not particularly favourable to the idea of voluntary parenthood have published statements of a modified approval of contraception under certain conditions. Such, for instance, as the paper by PROFESSOR LOUISE MCILROY, M.D., who said:¹ "The reasons for the exercise of birth control should be *medical* only, and should be considered from two points of view, viz., that of:

(1) *The Individual*—as to possible danger of pregnancy.

¹ A. LOUISE MCILROY (1921): "Some factors in the Control of the Birth-Rate." *Trans. Medico-Legal Soc. for year 1921-22*, pp. 137-153. London, 1921 (date on title-page).

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(2) *The Community*—as to the undesirability of the propagation of the unfit.”

It is self-evident that all cases in which, were pregnancy to intervene, an evacuation of the uterus or an induced therapeutic abortion would be inevitable, are clearly and indisputably cases for instruction in contraceptive methods. It is surely also reasonable to conclude that all cases in which such evacuation or abortion is *likely*, are also cases for such contraceptive instruction.

Some interesting facts bearing on this point are collected by Dr. Knopf of New York¹ and republished in pamphlet form.

The above, however, assumes that the woman herself, the potential mother, is to have little or no choice in the matter of her own pregnancy, and is to rely solely on her medical adviser to decide her fate in this respect. How much longer the mothers will be willing to take this attitude of submission is, of course, open to discussion.

Few medical practitioners nowadays would deny the right of the mother in such cases as follow to have the best contraceptive knowledge available.

CASE C. 221.—Woman very delicate, warned against pregnancy by more than one doctor. Fourteen times pregnant between 1900 and 1921. Nine children born alive of whom four died; five miscarriages. After the last miscarriage had been nine weeks in hospital.

¹ S. A. KNOPF (1926). “Medical, Social, Economic, Moral and Religious Aspects of Birth Control”: based on an address to the New York Academy of Medicine. Third edition. Pp. 66. New York, 1926. Fourth Edit. Pp. 93. New York, 1928.

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CASE C. 866.—Age 40, looks older, sight very bad. Hates and loathes the sight of her husband who gives her no peace. Has been seventeen times pregnant between the years 1903 and 1922. Pregnancies as follows: the first three children lived, then followed one who died a few months after birth, two who died at birth, one bad miscarriage. Of the remaining ten pregnancies only four lived, and three were born at eight months, two of these lived a few hours and one lived ten months. From the total seventeen pregnancies, only seven living children resulted.

CASE C. 456.—Very fertile, had four children in five years: husband says he “has only to look at her and she is pregnant.” Had used withdrawal and douching, both of which failed. At the first pregnancy instruments were used and the perineum torn, at the second chloroform and instruments, and the third was a twilight sleep case and the child (♀) lived only a month. She is taking salts *every* morning and quinine every night, and said she would just as soon kill herself as have more children.

CASE C. 1156.—Deaf. Has had eleven pregnancies, one child only, the eldest, living. Ten of the pregnancies terminated at the seventh month and though the children were born alive none lived more than a few months and some lived only a few days.

CASE C. 1167.—Fifteen times pregnant since 1900. Eight living children; three who died as imbeciles in the second year, and three miscarriages.

CASE 466.—Seven times pregnant, the first child born at $5\frac{1}{2}$ months, the second at seven months

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which only lived $3\frac{1}{2}$ hours. Acknowledges two abortions, one brought on by salts and the other by "French capsules."

CASE C. 366.—Has been in hospital for months at a time, has been told by her doctor that pregnancy may be fatal, has bronze patches all over her body, fainted several times during the birth of the last child. Pregnant eight times, the first child born dead and the sixth at six months. The last child born with twisted legs and now has very bad rickets.

CASE C 627.—Married in 1919. In 1920 bore one child which lived only seven days. *In the same year* conceived again, had an operation for appendicitis *and* a miscarriage. In 1921 had a child which lived seven hours and in 1922 a child which lived three hours. The death certificates of the children show that all died after hæmorrhage from nose, mouth or anus.

The last case must surely make the medical profession blush for what it did a few years ago.

The above are merely samples of the thousands of cases that have come to me for the help of contraceptive knowledge.

A telling case, illustrative also of those for whom contraceptive knowledge is absolutely indicated was given from her own practice by DR. JANE HAWTHORNE at the first Queen's Hall Meeting:¹ "In twelve years the woman was the mother of nine children, and of these only two were alive" . . .

¹ "Queen's Hall Meeting on Constructive Birth Control, Convened by DR. MARIE STOPES. Verbatim Report of Speeches and Impressions." Pp. 47. Putnam's, London, 1921. See pp. 11 and 12.

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“Her first-born did not walk until it was 5 years old, and during that time three more children were born to her, so that in five years she had four little children to care for. The second child is very delicate and needs constant care, but being one of nine it is impossible to give it the little luxuries and skilled attention which might make it a healthy child. The third child was born deaf and dumb and died at $2\frac{1}{2}$ years. The fourth child was paralysed and died at eighteen months. Then twins were born and those lived one hour. The next child was born at six months and died. The seventh was born with meningitis and lived eighteen months. The eighth child is very delicate, but that one still lives.”

Education of all sorts is being forced on the people in Government schools: it cannot be long before all will learn that such sufferings as these quoted above are not inevitable. Let one of the mothers state her case in her own words. “What I would like to know is how I can save having any more children as I think that I have done my duty to my country having had 13 children, 9 boys and 4 girls. I have 6 boys alive now and 1 little girl who will be 3 years old in May. I burried a dear little baby girl 3 weeks ago who died from the strain of whooping cough the reason I rite this his I cannot look after the little ones like I would like to as I am getting very stout and cannot bend to bath them and it do jest kill me to carry them in the shawl. I have always got one in my arms and another clinging to my apron and it is such a lot of work to wash and clean for us all and it is such a lot you have got to pay for some one to

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do a days washing or a bit of scrubbing if I was only thin I would not grumble and as my husband and myself is not so very old I am afraid we should have more children yet I was only 39 on the 19th of February just gone by and the husband is 40 in July coming, we have been married 20 years come next Thursday I was 19 when I married so you can see by the family I have had that I have not had much time for pleasure and it is telling on me now I suffer very bad with varrecross vaines in my legs and my ankles gives out and I just drops down."

Assuming, however, that the medical practitioner is to decide whether or not his or her patient shall be given contraceptive information, what are the cases in which it is clearly indicated?

DR. KILLICK MILLARD, a medical officer of distinction, summed up the general position at the Queen's Hall meeting when he said:¹ "There are very many people in our midst who on account of some constitutional taint (it may be tuberculosis, epilepsy or venereal disease) are unlikely to give birth to normal or healthy children. There are thousands of people turned out every year from the tuberculosis sanatoriums, venereal disease clinics, etc., temporarily patched up but with the taint still in the blood, although the outer manifestations have been removed," who ought no longer to go on "adding to their families with the terrible risk of transmitting that taint to the next generation."

¹ "Queen's Hall Meeting on Constructive Birth Control: Verbatim Report of Speeches and Impressions." Pp. 47. London: 1921. See p. 16.

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All will agree that contraception, either permanently employed, or at any rate used over a period of two or more years, seems indicated in all multiparæ in whose histories the following are found:—

- (a) Active syphilis.
- (b) Congenital blindness.
- (c) Virulent tuberculosis.
- (d) Acute heart diseases of various types (see Note below).
- (e) Kidney diseases of various types.
- (f) Epilepsy.
- (g) Leprosy.
- (h) Diabetes.
- (i) Marked "feeble-mindedness."

[For such cases sterilization is to be preferred as they are likely to be too careless to use contraceptives effectively.]

As revealed by former pregnancies, marked tendencies to:—

- (j) Puerperal insanity.
- (k) Severe albuminuria.
- (l) Serious eclampsia.
- (m) Toxæmias (various).¹
- (n) Spinal and pelvic deformations (where Cæsarean section is objected to or not available).
- (o) Cæsarean section within two years.

¹ Some medicals criticize this heading: so let me quote DR. JAMES YOUNG: "Toxæmia in two or more pregnancies is an indication for the prevention of any further pregnancy." *Brit. Med. Journ.*, p. 94. Jan. 1929.

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[NOTE *re (d)*.—"Heart disease" is, of course, of many grades, and it sometimes arises in circumstances in which it is obviously wise not to prohibit normal coitus, but where child-bearing may be most inadvisable: then contraceptives are necessary. As DR. BLACKER said:¹ "The bad effect produced on the heart by pregnancy is, on the whole, not sufficiently marked to justify you in advising a patient strongly that she should not marry. It is true that, if she marries it will be better for her not to have children, and it is true that if she does have a child she should not suckle, but it is not right that a woman with heart disease should be forbidden to marry." Yet *unless* contraceptives are used she runs the risk of repeated pregnancies.]

While considering indications for contraception from the medical point of view it is not out of place to note the reasons guiding married women who have spontaneously adopted it. Data on such a point are, of course, difficult to get, but a very interesting paper has been published on the results of a questionnaire in America.² Out of the first thousand replies received from normal married women 734 expressed approval of voluntary parenthood and only 78 expressed disapproval of preventive means.

Conditions in many homes certainly point to the

¹ G. F. BLACKER (1907): "A Clinical Lecture on Heart Disease in Relation to Pregnancy and Labour." *Lancet*, May, 1907, pp. 1225-1229.

² KATHERINE B. DAVIS, PH.D. (1922): "A Study of the Sex Life of the Normal Married Woman, made by the Bureau of Social Hygiene in Co-operation with a Special Committee." *Journ. Soc. Hygiene*, vol. 8, pp. 173-189. New York: 1922.

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advisability of contraception. The following additional reasons are among the commonest for the use of contraceptives.

(*p*) The persistent drunkenness of one or other of the potential parents.

The medical world is now too well acquainted with facts for it to be necessary to point out the inferiority likely to result in the offspring of persons consistently alcoholic, and therefore the racial value of prevention in such families.

(*q*) In homes where permanent poverty or inferior wage-earning exists and where there are already as many children as the parents can bring up decently, contraception is obviously indicated rather than the saddling of the community with children of a very doubtful racial value.

(*r*) In homes which at other times may be comfortable, during periods of extended unemployment it is disastrous both to the mother and the child conceived for a woman to become pregnant. "Doles" such as are granted to her do not free her mind from anxiety and misery which react unfavourably on the stamina of the child and tend to breed *unemployables* to swell the ranks of the unemployed twenty years hence.

(*s*) On the part of women who as a result of very bad times at childbirth or through marital unhappiness so dread the matrimonial advances of their husbands as to suffer nervously from coitus, and still more those who even go so far as to refuse all coitus. Such cases are more frequent than is at present realized, and are the source not only of

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discomfort and distress to the husband and of physical detriment to the woman, but tend to social instability, divorce, the fostering of prostitution and other sex-evils. For these instruction is not only required in the details of contraceptive methods but also advice on the whole art of marriage. Such knowledge as is given in "Married Love," supplemented by personal details adapted to the individual case have frequently, to my knowledge, resulted in the re-establishment of harmony in the home. Where children exist the advantage of this to the community is still more obvious.

It is of interest to note the relative incidence of certain common "medical indications" as recorded from a clinic by DR. J. WHITEBRIDGE WILLIAMS¹ in America where only "medical indications" make contraceptive instruction legal.

His table (5) is given on p. 47.

Among the most difficult and obstinate types to deal with successfully is the woman who either instinctively, or through early training or by contact with others, has acquired the view that all sex union after the procreation of the desired number of children has been accomplished, is wrong. Such views are often extremely difficult to eradicate and require both great tact and patience on the part of the husband and medical consultant, but where the woman is normally constituted the effort is well worth while both on behalf of her own health and that of her husband and family. DR. ROBIE'S

¹ DR. J. WHITEBRIDGE WILLIAMS (1929) in the "First Report of the Bureau for Contraceptive Advice." Pp. 11. Baltimore, U.S.A. 1929.

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Number of Cases.	Indications.	
14	Nervous disorders:	
	Psycho-neurosis	9
	Mental deficiency (moron) ..	3
	Dementia praecox	1
	Mental condition (husband) ..	1
13	Tuberculosis	13
13	Kidney diseases:	
	Toxemia of pregnancy	7
	Chronic nephritis	5
	Pyelonephrosis	1
12	Heart disease (organic)	12
4	Syphilis	4
2	Thyroid disease	2
2	Epilepsy:	
	Wife	1
	Husband	1
2	Recent operations	2
8	Various:	
	Fracture of pelvis	1
	Encephalitis (husband)	1
	Spina bifida	1
	Chronic asthma	1
	Breast lesion	1
	Acute gonorrhœa	1
	Hypertension	1
	Difficult labour (5 operations) ..	1
70		70

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books give at first hand many cases of this sort (see p. 107).

The use of contraceptives (and, therefore, presumably instruction in their proper use) is indicated in some families by reason of the puny and unsatisfactory condition of the existing children, although an absolute indication, such as specific disease, may not be present. One may take it, I think, as a general rule that if a congenital "C₃" couple have produced more than two unsatisfactory children, the chances of the later children being satisfactorily are too remote to justify the responsible medical adviser, *whose first duty is to the State as a whole*, in leaving the couple in such ignorance that they may continue to reproduce involuntarily. It may appear to the parents themselves right to bring into the world still another, a *desired* child, which they are able to support; but they should be instructed and the responsibility for it only taken on voluntarily. The technical difficulty is here frequently due to the carelessness of one or both of the couple who may be haphazard, or too mentally deficient, carefully to follow out instructions given. This raises the important question of permanent sterilization, notes on which will be found on p. 59.

SPACING BIRTHS

The use of contraceptives in order to *space the desired births* of normal people is generally indicated, even on the part of the healthiest woman.

The idea that lactation is a sure contraceptive is, of course, most unreliable and misleading; and

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although it is less common for a woman to become pregnant when nursing, it is by no means impossible, and she may become pregnant without menstruation intervening. An illustration is given of a case personally known to me for years:—

CASE 251.—A lady in very comfortable circumstances, finely built and exceptionally strong and healthy, exceptionally intelligent and with an intelligent and devoted husband. After the birth of her first child she was told by both medical practitioner and nurse that she could have unions while she was nursing with perfect safety from risk of conceiving. She nursed the infant and became pregnant within a month again. Second child born ten months after the first, it was weakly and died in early infancy. Husband furious with misleading medical advice, ascertained and took contraceptive measures, spaced the next child after three years' interval, next child very healthy and successful and wife regained her strength.

Modern gynæcology clearly teaches that at least two,¹ preferably three, and in some cases even five years should intervene between successive pregnancies in the interests both of the mother and the child. Whenever the doctor informs the potential parents that this should be so, the further duty

¹ DR. J. W. BALLANTYNE, cross-examined by the Birth Rate Commission: "Q.—Is it not the case that now it is almost a rule for the medical man to tell the parents that there ought not to be another child, say, for two years, and in some cases for three years? I suggest that that advice is much more frequently given now than formerly; that it is a very good thing that it should be given, and that that probably has had a great effect in reducing the birth rate? A.—I think there is no doubt that doctors do say that." Second Report, National Birth Rate Commission, 1917, p. 178.

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devolves upon him of informing them about the methods best suited to their individual circumstances of achieving this end.

The foregoing paragraph applies with even greater stringency to all cases of Cæsarean section. After Cæsarean section any pregnancy intervening in less than two years is a potential disaster, and should on no account be permitted to take place.

Whether or not a young couple who as yet have had no children should use contraceptives is a question about which there is greater latitude for individual opinion. Among such couples circumstances of course vary very greatly: sometimes the personal requirements of travel where the pregnant wife would have to face conditions likely to be injurious to herself or to her child necessitate the imparting of such information to a bride. In circumstances, however, where the couple are rationally intelligent and in good health the matter of their immediate parenthood seems a subject for their own decision rather than one to be settled by their medical adviser.

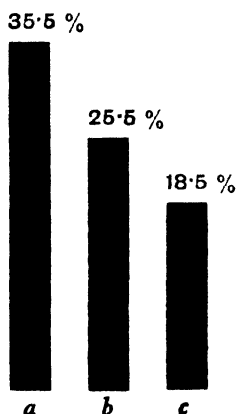
Contraception is too generally considered only as a negative measure destined to *prevent* births, and its most valuable positive side is forgotten. In the interests of the offspring, quite apart from considerations of the mother, the use of contraceptives to space births is of great value in reducing infant mortality.

Research work has demonstrated clearly the life-preserving effect of *spacing* the births of children at suitable intervals. Dr. Weinberg found that the

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chance of death in the first year alone was so much less as to be almost halved if a two or three-year interval was secured as compared with infants who came as rapidly as with one year's interval or less. These results were obtained from 1,045 cases, *all* from really poor parents of the same class, and are strikingly shown in text fig. 1, below, taken from a compilation of great value giving a number of other charts illustrating similar facts.¹

DEATH-RATES OF VERY POOR CHILDREN IN THE FIRST YEAR,
SHOWING THE VALUE OF SPACING BIRTHS.



TEXT FIG. 1.—*a*, with 0-1 year's interval between births; *b*, with 1-2 years' interval between births; *c*, with 2 and over years' interval between births. Percentages reckoned on 1,045 cases, after Dr. Weinberg.

In my opinion, after a first birth a contraceptive should always be used for not less than one year, however much a second child is desired, and similarly after every successive birth.

¹ M. V. GRUBER and E. RÜDIN (1911): "Fortpflanzung Vererbung Rassenhygiene." Pp. 191. 260 illustrations. München, 1911. See Weinberg's figures, pp. 132, 133.

CHAPTER IV

Contraceptives in Use, Classified

THE Contraceptives at present in use are numerous and their classification might be based on various principles. For convenience I will group them in the following way, numbering each *type* of contraceptive so that they may be easily followed up in the next chapter where I deal with each in some detail.

True Contraceptives include only methods of procedure which retain potential fertility, and imply control over the inseminating power of individual acts of coitus.

In contradistinction to these are methods of *sterilization*, temporary and permanent (see pp. 59 and 244) and *abortion* (see p. 60). Contraceptives only will be considered in detail in this book.

TRUE CONTRACEPTIVES

Contraceptives may be grouped as follows:

A. Actions or modes of procedure by either sex not involving the use of chemical substances or appliances of any sort.

B. Actions or modes of procedure involving the introduction of chemical substances with the sup-

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posed intention of incapacitating the spermatozoa so that they do not fuse with the ovum.

C. The use of appliances by either sex to prevent the spermatozoa coming in contact with the ovum.

Under these various headings I shall include descriptions of all important methods in which reliance is placed by anyone, even if some of them may appear valueless to a modern trained mind: for all have some social, psychological, legal or medical significance and interest.

A.—ACTIONS OR MODES OF PROCEDURE BY EITHER SEX NOT INVOLVING CHEMICAL SUBSTANCES OR APPLIANCES OF ANY SORT: MANY OF THESE ARE MISTAKENLY DESCRIBED AS “NATURAL” BY PERSONS PREJUDICED AGAINST THE APPLICATION OF SCIENCE TO HUMAN BREEDING:—

(I) *Actions by the female:*

1. Extreme passivity in order to control her own orgasm so that it does not take place (see p. 61).
2. Placing the body in positions likely in her individual case to prevent contact of the penis with the cervix (see p. 69).
3. Sitting upright the moment after ejaculation has taken place and coughing violently, or taking some other exercise to contract the pelvic muscles (see p. 70).
4. Prolonged suckling of an infant or child (see p. 71).

The above methods (all presumably dating from prehistoric antiquity) are still used even in this country, and sometimes relied upon by individual women without failure. It is doubtful whether such women would not prove to be of a naturally infertile type. Such means offer no general and reliable security to the average woman.

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(II) *Actions by the Male:*

5. Extra-vaginal union without normal penetration (see p. 76).
6. Vaginal stimulation consummating the ejaculation after withdrawal, commonly called "*coitus interruptus*," sometimes called *onanismus conjugal* (see p. 77).

(III) *By both Parties:*

7. Pressure on the ejaculating penis which causes the spermatozoa to enter the bladder instead of making their exit with the ejaculating fluid from the prostatic gland, etc., called *coitus saxonicus* (see p. 88).
8. Control of the coital act so that ejaculation shall not take place even after prolonged union. Known as "Male Continence," "Karezza," *coitus reservatus* and by a variety of other names (see p. 89).
9. Seasonal fertility (see p. 94).
10. *Coitus intermenstruus*, or restriction of the coital act to certain specified dates in the month, commonly called the "safe period," or *tempus ageneseos* (see p. 95).
11. Mutual and complete abstention from the coital act (see p. 103).

In addition to the above there are still more aberrant practices and the use of other female and male openings which are entirely to be deprecated as pernicious and abnormal and will not be discussed here, although practitioners should be on their guard against their use by their patients and warn them of the nervous and other harmful effects likely to accrue from their use.

B.—CHEMICAL SUBSTANCES INTRODUCED WITH THE INTENTION OF INCAPACITATING THE SPERMATOCYTES. CONSIDERED IN GENERAL (p. 110).

(Note: So far as I am aware such substances are never introduced into the male organ, but are

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always introduced into the vagina in one form or another. I make this apparently obvious comment because one man approached me with an absurd thing he wanted to patent which should inject destructive chemicals up the male urethral tube! Needless to say I did all I could to discourage him from proceeding with his patent).

The commonest chemical substances introduced into the vagina are:—

12. Quinine compounds in a variety of forms (see p. 117).
 - 12a. As a powder (see p. 118).
 - 12b. As ointment on a sponge, plug, cap, or merely rubbed round the cervix (see p. 118).
 - 12c. In a pessary or suppository contained in a matrix of low melting-point wax, such as cocoa butter, or gelatine (see p. 119).
 - 12d. Dissolved in or mixed with oil which is injected by a small specially constructed syringe (see p. 125).
 - 12e. Various suppositories or tablets containing quinine with other chemicals (see p. 126).
13. "Foaming" suppositories with many different chemicals (see p. 126).
14. Gelatine suppositories with many different chemicals (see p. 131).
15. Lactic acid as a "cream" or in tablets or suppositories (see p. 132).
16. "Jellies" and "Pastes" for injection from tubes and syringes or used as ointments with many different chemical contents (see p. 133).
17. Greasy suppositories without quinine, the "Racial" type and others (see p. 136).
18. Plain olive oil for direct injection, and medicated oils (see p. 140).
19. Alum in powdered form and other powders (see p. 143).

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Douches in General (see p. 144).

20. Common salt in solution as a douche (see p. 149).
21. Vinegar and water, or lactic acid and other organic acids as a douche (see p. 150).
22. Disinfectants of one sort or another in the form of a douche (see p. 150).
23. Proprietary tablets for douching (see p. 152).
24. Soapy water as a douche (see p. 152).
25. Plain cold water as a douche (p. 154).

For convenience these may also be classified as follows:—

- (a) Powders—see nos. 12*a*, 19 *ante*.
- (b) Dry tablets, and suppositories foaming when moistened—see no. 13 *ante*.
- (c) Gelatine suppositories—see nos. 12*c*, 14 *ante*.
- (d) Jellies—see no. 16 *ante*.
- (e) Ointments, Creams and pastes—see nos. 12*b*, 15 *ante*.
- (f) Greasy suppositories—see 12*c*, 17 *ante*.
- (g) Oil, plain olive oil or medicated oils—see 18 *ante*.
- (h) Water, for douches with soaps, disinfectants or chemicals—see 12*e*, 20, 21, 22, 23, 24 and 25 *ante*.

C.—APPLIANCES USED BY EITHER SEX TO PREVENT THE SPERMATOZOA COMING IN CONTACT WITH THE OVUM:—

(I) By the Male :

26. Condoms (popularly called “French letters” or sheaths) (see p. 155).
27. Pin or stud-like apparatus supposed to close the urethra in case unpremeditated ejaculation took place before coitus interruptus was accomplished (see p. 161).

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(II) By the Female :

28. The sponge, used with or without chemical solutions, soap powder, or other potential spermicide (see p. 161)!
29. The RACIAL sponge and plain olive oil (see p. 163).
30. Soft plugs (see p. 168).
31. Special tampons (see p. 169).

Vaginal Caps—In General (see p. 170).

These exist in great variety. For convenience they may be grouped into three main types:—

The Portio type which is very small and fixed on the end of the cervix like a thimble: the *Occlusive* type which is considerably larger and fits *outside* the cervix and round the area of junction between the uterine neck and the fornices: the *Diaphragm* type which is considerably larger still and lies in a slanting position in the vaginal canal.

Vaginal Caps	{	<i>Portio</i> see no. 32 below.
		<i>Occlusive</i> see nos. 33, 34, 35 below.
		<i>Diaphragm</i> see nos. 36, 37, 38 below.

32. *Portio* caps, of metal, celluloid or other firm material, with or without complications of structure (see p. 173).

Occlusive caps, in general (see p. 178).

33. Dome-shaped cap-like occlusive pessaries designed to be fixed *outside* the cervix and round the area of junction between the uterine neck and the fornices, made of rubber. "The small Mensinga," "French" and "Racial," etc. see p. 183).
34. Rubber Occlusive caps similar to the above, but covered with sponge on the convex surface (see p. 194).
35. Rubber Occlusive caps with double ring and soft detachable cap, called the "Mizpah" (see p. 195).

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Diaphragm caps.

36. Hemispherical-shaped caps with spring rim and rubber cover designed to lie aslant in the vagina so as to close the end of the vaginal canal: the "Dutch," "Clinocap," "Ramses," etc. (see p. 196).
37. A cap similar to the "Dutch" but with a curved and shaped rim of turtle-back shape, made to lie in definite orientation, the "Matrisalus" cap (see p. 205).
38. A flat, thick lens of solid rubber, circular in outline and designed to close the end of the vaginal canal. The "Dumas" cap (see p. 206).

Other Means.

39. Balls of soft plain rubber—simple spherical, small children's playing balls (see p. 208).
40. "Luft Blasen" balls, to be blown up *in situ*, the "Secura" (see p. 208).
41. Large membranous or rubber sheath, or "Capote Anglaise," calculated to cover the internal female organs completely, acting like the male sheath in preventing contact of the seminal fluid with the vaginal surface (see p. 209).

Inter- and Intra-Uterine contrivances penetrating the cervical canal and/or the uterine cavity. See Chap. VII, p. 211. Appliances used by the woman, which penetrate the uterus itself.

42. Inter-uterine springs, studs, metal buttons, the "Gold Spring" or "Wishbone" pessary, metal cigar-like structures in a great variety of shapes and forms, designed to enter the cervical canal (see p. 211).
43. Intra-uterine "stars" also "silver rings" evolved therefrom, now known in general as the Graefenberg ring (see p. 220).

For individual circumstances any one or other of the above may be found from time to time advisable, but for regular use, particularly for general use on the part of *healthy* and normal persons, only one or two of the above methods are required. Many are actually harmful, and in the next chapter the relative

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uses, values, faults of and objections to the various methods will be considered.

STERILIZATION

It should perhaps be mentioned that although *castration* of necessity involves sterilization, the best modern methods of sterilization do *not* involve castration.

For men sterilization is an easy and simple matter, best achieved by *vasectomy*, though it may be accomplished in other ways; experiments have shown that the properly applied X-rays prevent the maturation of the spermatozoa but appear not to do any general harm (see p. 244), though caution in the use of X-rays is required.

For *women* operative sterilization is a rather more serious business, and the best method is the double ligature of the Fallopian tubes and excision of the segments between the ties. Though generally reliable this method is not *absolutely* safe owing to restoration and the spontaneous power of the ovum to wander, reported now and then as resulting in unexpected pregnancy.

In women excision of ovaries or womb leads to sterility, but these operations are now seldom undertaken by doctors except to combat definite *disease*. A decade or so ago, however, removal of the ovaries tended to be rather a fashionable operation in some circles.

The subject of sterilization is a separate and very large theme and will not be dealt with fully in this

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volume, though some further notes will be found on p. 244.

ABORTION

Methods of *abortion* are most frequently used by poor and ignorant women who are denied the necessary contraceptive knowledge, and many and various as they are, all can fairly be described as physiologically harmful as well as legally criminal.

Medically necessary "evacuation of the uterus" or therapeutic abortion is sufficiently dealt with in ordinary books of medical practice and will not be considered at all in this volume. Particularly valuable information will also be found in Taylor's "Medical Jurisprudence."¹

¹ TAYLOR (edited by F. J. SMITH) (1920): "Taylor's Principles and Practice of Medical Jurisprudence." Seventh Edition. 2 vols. London, 1920.

CHAPTER V

Contraceptives in Use, Described and Discussed

IN the following pages will be described in some detail the various methods classified in the preceding chapter, together with comments on and discussions of their physiological effects and their social values.

TRUE CONTRACEPTIVES

(A) ACTIONS OR MODES OF PROCEDURE OF EITHER
SEX NOT INVOLVING THE USE OF CHEMICAL
SUBSTANCES OR APPLIANCES OF ANY SORT

BY THE FEMALE:—

(1) Extreme passivity in order to control her own orgasm so that it does not take place.

The idea is very ancient that if a woman controls her own emotions so as to inhibit the natural orgasm she is safe from ensuing pregnancy, or, at any rate, her passivity materially reduces her risk of its onset. This "method" is available at any time, and its practice is certainly a primitive form of

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birth control. FLOSS¹ quotes RIEDEL as saying that the women of Buru Island often have unions with strange men, but during such unions they keep themselves very passive so as to avoid fertilization. Its persistence even among civilized women as a method of contraception, in spite of the existence of innumerable cases in which the most passive and cold type of woman is known to have become pregnant, is in my opinion explicable only on the assumption that there are individual women who find this method reliable. Such are probably of the type which I have described as under-sexed (see p. 103). Such women probably also tend to have an excess of acid secretion in the vagina (see p. 63), and, therefore, naturally to destroy the motility of the spermatozoa without the use of accessory chemicals, so long as the spermatozoa do not actually get sucked into the uterus. Hence by controlling the orgasm the tendency would be for spermatozoa to be restricted to the vagina for a period long enough for the natural acid secretion to take effect upon them. Gow in 1893² noted that the naturally alkaline secretions become acid in the vagina itself.

I should at the outset perhaps make it clear that I think that most of these contraceptive questions, and indeed the sex relationships in general, are very much influenced by a physiological feature most generally overlooked, namely, the degree of permanent or temporary acidity or alkalinity of the

¹ FLOSS, H. (1887): "Das Weib." 2 vols., 2nd Ed. Pp. 576, pp. 719. See p. 308.

² GOW, W. J. (1893). "A Note on Vaginal Secretion," *Trans. Obstetr. Soc.*, vol. xxxvi, pp. 52-60. London, 1894.

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vaginal fluids. The reactions of the vaginal secretions in different women, and in the same woman at different times, vary enormously. Roughly I classed them for my own consideration in 1923 into three main groups:—

(1) Normally weak acid + temporarily alkaline fluids secreted in coitus (often associated with fairly intellectual and yet fertile type).

(2) Excessively acid + insufficiently alkaline (often associated with “brainy” and ascetic type, tendency to infertility).

(3) Weakly acid + strongly alkaline (often associated with unintellectual, fertile type. If extreme, what I have called in lectures the “incorrigibly fertile, alkaline type”).

I think very much more has yet to be discovered about the chemical conditions of the vaginal canal and secretions; and that were contraception removed from its present neglected corner of medical study and considered openly and properly, true research on contraception and the vaginal reactions would lead to many discoveries of general value. There is little doubt that the degree of acidity of the vaginal secretions varies enormously in individual women, and it probably varies in the same woman under different circumstances.

A correspondent reading these words of mine in 1923 directed my attention to an early book of DR. J. MARION SIMS,¹ and it is interesting to find therein that Sims said “testing the degree of acidity

¹ J. MARION SIMS, M.D. (1866). “Clinical Notes on Uterine Surgery.” Pp. viii, 436 Illustr. London 1866.

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with litmus-paper, I have sometimes been able to say that the vaginal mucus would probably poison the spermatozoa." But still much interesting research work remains to be done to amplify the observations of CROW,¹ who demonstrated the existence of a healthy direct vaginal secretion as distinct from exudations from the uterus and cervical regions. Voge in his "Chemistry of Contraception" (1933), has collected some recent work on the pH of the vagina on similar lines but in modern terminology.

In some women motile sperm have been found many days after their deposition by the act of coitus. And in TAYLOR's work on medical jurisprudence² some very interesting cases, described by BOSSI, are on record in which the spermatozoa lived in the vagina as long as seventeen days.³ BAILEY and MILLER⁴ report, but without comment, exact reference, or citation of authority, that "moving spermatozoa have been found in the genital tract seven to eight days after coitus. In one case reported of removal of the tubes, living spermatozoa were found three and a half weeks after coitus." So far as I can ascertain no note was taken of the acidity or alkalinity of the vaginas at the time of any such observations.

¹ CROW, W. J. (1893). "A Note on Vaginal Secretions." *Trans. Obstetrical Soc.*, vol. 36, pp. 52-60. London 1894.

² TAYLOR (edited by F. J. SMITH), 1920: "Taylor's Principles and Practice of Medical Jurisprudence." Seventh edition, vol. ii. Pp. viii, 952. London, 1920.

³ BOSSI (1891): *Gazzetta degli Ospitali*, April 8, 1891. (Quoted from Taylor, as I regret I have not been able to see this journal.)

⁴ F. R. BAILEY and A. M. MILLER (1912): "Text Book of Embryology." Pp. xvi, 672, illustr. 515 Ed. 2. London 1912.

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But I think that in such exceptional instances of vital spermatozoa, the vaginal secretions in each woman must have been of the mildest acid, or more probably alkaline either temporarily or usually.

In this connection I should like to comment on an interesting observation published by KISCH in quite another context, and without comment from him to link it on to the theory of contraception. KISCH said¹ (p. 216), "A special significance must be attached to the glands of the cervix uteri, which, according to my own observations, have the function of providing a secretion that increases the mobility of the spermatozoa, and this enables them more readily to find their way into the uterus. I have endeavoured, by a series of histological observations, to determine the properties of these glands and the changes they undergo in the different phases of sexual life. . . . These glands, which are lined with columnar ciliated epithelium, are but slightly developed before puberty, being then simple excavations; . . . later, during the menacme, they become long dendriform, blind-ending glands, which during menstruation and under the influence of sexual excitement, furnish a secretion, variable in quantity, and in quality distinguished especially by its alkaline reaction." He then goes on to consider their pathological degeneration. Again on p. 300, after discussing details about conception KISCH says: "I further

¹ E. H. KISCH, M.D. (no date): "The Sexual Life of Woman," English translation by PAUL. Pp. 686, 97 illustrations. Heinemann, London.

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regard it as important in promoting conception, that simultaneously with the changes above described, the reflex nervous stimulation should lead to the secretion by the cervical glands of a gelatinous material, alkaline in reaction, and therefore adapted to increase the locomotive powers of the spermatozoa, so that these latter, aided by the activity of the ciliated epithelium lining the cervical canal, will gain the interior of the cavity of the uterus, and thence pass onwards to the Fallopian tubes."

J. MARION SIMS¹ so long ago as 1866 made acute observations on these points, and said "Here is the report of an observation made upon a patient who is perfectly reliable:—'Sexual intercourse at eleven p.m. on Saturday. A microscopic examination of the secretions was made on Monday, at three p.m., just forty hours afterwards. The vaginal mucus contained a few dead spermatozoa—none alive; the cervical mucus contained great numbers very active—a few dead.' "

These observations of SIMS and KISCH appear to me to add very substantial arguments in favour of the use of the occlusive cap as a contraceptive whenever security from conception is seriously desired (see p. 178).

Owing to the fact that the medical profession has been reluctant to give advice on the general theory of contraception women have very largely depended on individual help from each other, and therefore the experience of any women who have successfully

¹ J. MARION SIMS (1866). "Clinical Notes on Uterine Surgery." Pp. viii, 436. Illustr. London 1866.

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practised any method is likely to be taken up by others and trustfully applied to themselves though their condition may be quite different and therefore the method fail them. Thus a woman who may have some slight undetected abnormality which keeps her sterile, or whose husband's spermatic fluid may be infertile, may use with apparent success a method which science condemns as unreliable and thus mislead her friends who prefer her example to technical advice.

Evidence that women do still advise each other to use this method of passivity reaches me, and from time to time women tell me pathetically that they relied on this method and it failed them. I have not yet personally met a case in which it has proved reliable.

ILLUSTRATIVE CASE

GALABIN¹ quotes a case of a lady married at 20, who after the age of 40, and with her second husband, experienced the orgasm in coitus for the first time and from that time dated her first pregnancy.

Comment.—In my opinion ordinary women should always be disabused of the idea that this is a safe or practical method. A woman should also always be informed that it is detrimental to her health deliberately to avoid the orgasm which is the natural completion and resolution of the stimulus of coitus.

¹ GALABIN, A. L. (1891): "A Manual of Midwifery." Pp. xxviii, 832. See p. 47.

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In this connection they should be encouraged to read "Married Love," particularly Chapter VI.¹ It should further be pointed out that the tendency of the woman to become a passive and fear-ridden instrument is also detrimental to the husband, particularly to one of a sensitive disposition, because a nice man does not like to feel that he is merely "using" his wife, and in real marriage mutual enjoyment and mutual completion of the orgasm should be the rule.

As a method, therefore, it is unreliable, and its other detrimental effects lead me to condemn it entirely as a voluntary method to control conception.

The facts noted above, however, are of interest, particularly when viewed as a natural method of *involuntary* control. The lack of orgasm in a woman of the type which has rather an excess of acid secretion in the vagina may definitely lead sometimes to *undesired* sterility. Such cases should be critically studied, particularly in view of PELL's position concerning the prevalence of a natural fall in the birth rate (see also p. 100 *et seq.*). With such types I have secured desired pregnancy by very simple means such as an alkaline douching before coitus. I published my idea for the use of sodium bicarbonate in overcoming sterility in normally built women in an early edition of "Married Love" and all following editions. The idea has been adopted by various medicals, especially on the Continent, and recently much newspaper attention has been given to their

¹ STOPES, M. C. (1918): "Married Love." Pp. 163. 18th ed. London, 1927.

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claims to be able to work wonders with sodium bicarbonate.

(2) **Placing the body in positions likely in her individual case to prevent contact of the penis with the cervix.**

Little need be said about this method as it is merely a sub-variety of (1) (p. 61). The action is based on the experience of certain women that they become pregnant only when the glans penis actually interlocks with the external os. That this ever takes place is, I am aware, doubted by some medical practitioners. Nevertheless it *does* take place (see pp. 235, 236). There is little doubt that pregnancy is much more certain when the glans penis does thus interlock with the os. Probably, therefore, there is a slight measure of security for the woman who prevents this taking place if her vagina also be of the "acid" variety (see p. 64 ante).

ILLUSTRATIVE CASE

CASE S. 1.—A lady, five years married, desirous of children, did not become pregnant till the first time she achieved orgasm in such a way as to interlock the os with the glans penis, when she at once became pregnant. After the birth of this child, no second orgasm of the kind could be achieved and no second child resulted in spite of every effort.

Comment.—This method is of much greater theoretical interest than practical utility for any but exceptional circumstances.

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- (3) **Sitting upright the moment after ejaculation has taken place and coughing violently or taking some other exercise to contract the pelvic muscles.**

These methods, which are very primitive, probably prehistoric in origin, are of considerable interest in connection with the history of contraceptives (see p. 251). Such action is still relied on by a considerable number of women. This method appears to be one "of common knowledge," but was explicitly mentioned by R. T. TRALL, M.D. (1868), when he said:¹ "It is well known that, very soon after impregnation, or even conception, any sudden and violent motions which agitate the pelvic viscera and cause the uterus to contract vigorously, will prevent pregnancy . . . sometimes coughing or sneezing will have the same effect. Running, jumping, lifting and dancing are often resorted to successfully, immediately after connection."

Advice about this method of controlling conception had been repeated from time to time in the semi-popular literature on the subject in many countries; see for instance that given in 1868,² and widely disseminated. In this category should be included the method still used in China, of the woman sitting up after coitus and drinking cold water.

Though far from being a generally secure method, its effectiveness is undeniable in individual cases,

¹ R. T. TRALL, M.D. (1868): "Sexual Physiology: A Scientific and Popular Exposition of the Fundamental Problems in Sociology." Quoted from the 1884 reprint which is identical with the 1868 edition. Pp. xiv, 304. Illustrated. New York and London.

² ANON.: "The Power and Duty of Parents to Limit the Number of their Children." London, 1868. See p. 11.

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and then probably depends on the conjunction in the pair of a narrow os and a passive cervix on the part of the woman, and a compact ejaculate on the part of the man; also probably on a fairly good muscular development on the part of the woman which would tend to voluntary movement of the vaginal canal. Thus the ejaculate would be expelled in a mass, not leaving individual spermatozoa in the vagina.

Comment.—This method has to recommend it the fact that no “artificial” substance or appliance is required. It should not be advised for use by a woman to whom pregnancy is a serious danger, but if one to whom an unexpected pregnancy is not serious chooses to try the method and finds it satisfactory in her own case, it is much less detrimental than many others. I personally disapprove of it because the accessory secretions in the seminal fluid should be retained by the woman longer than is possible in this method, and also because the very act of sitting up and making any definite contractive movement violates the proper psychological atmosphere which should be retained if the act is to be completely beneficial.¹ Therefore I would never advise the method except for an emergency, and with the warning that its success would be doubtful.

(4) Prolonged suckling of an infant or child.

A common impression which has unfortunately been fostered by the advice not infrequently given

¹ See also data in my book “Enduring Passion, a continuation of Married Love.” 4th Ed. Pp. xv, 218. London 1931.

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both by medical practitioners and nurses, is that a woman does not conceive while she is suckling.

Prominence has been given to this advice and its dissemination fostered by the current very proper movement to encourage women to nurse their own children. Unfortunately health visitors and even medical practitioners and nurses will deliberately tell women that they will be free from conception if they nurse, in order to induce them to nurse if they are reluctant to do so. I have repeatedly been told by women that they have received this advice; and that medical practitioners of high standing were habitually giving it is seen in the words of DR. MARY SCHARLIEB, published by her in a popular magazine in 1922 when she said¹: "If a woman suckles her child for eight or nine months, as she ought to do and as nearly all women can do, and then has a well-earned holiday from wifely duties, there will be an interval of about two years between the children."

While it is true that there are a good many women who find conception less likely to take place while they are nursing, it is absolutely untrue that suckling in itself affords a safe or even tolerably secure method of contraception. It has also other medical evils, among which may be noted the tendency it has in the poorer circles to starve the child, for so long as there is a *supply* of milk the mother does not inquire or consider whether it has all the necessary nourishing ingredients. Also it tends to weaken the

¹ MARY SCHARLIEB, M.D. (1922): "The Case against Birth Control," *Penny Magazine*, No. 1258, December, 1922. See p. 469.

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mother, who is greatly emaciated and nervously run-down as a result of protracted nursing. The very *fear* of pregnancy, which is sometimes intense, also often affects the quality of the milk and hence, also, the quality of the child being reared. (See also p. 231.)

While in England only the very poor and ignorant will continue to nurse a child that is able to walk, yet in the East I have often seen mothers still giving the breast to children of three or four years old because this *sometimes* secures freedom from the fresh conception which they dread.

ILLUSTRATIVE CASES

CASE 251.—A lady in very comfortable circumstances, finely built and exceptionally strong and healthy. After the birth of her first child was told by both medical practitioner and nurse that she could allow her husband to have coitus while she was suckling with perfect safety from risk of conceiving. She suckled the infant regularly and became pregnant again within a month of the date of the birth of the first child. (Quoted also p. 49.)

Cases quoted by ALLEN DAVENPORT¹ in 1826 when he was speaking of the dread of the poor of further children after they had already had two or three: "This dread urges them on to adopt measures, with eagerness, which only promise to check the rapid succession of children. One of those measures is suckling the last child until it is a year and a half or

¹ ALLEN DAVENPORT (1826): In a letter on the Poor Laws in the *Republican Magazine*, No. 7, vol. xiv, August 25, 1826.

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two years old; I have known instances of children being kept to the breast for three years, when they could walk, talk and stand upon their feet, while they drained the last dregs from the flabby breast of the squalid and consumptive mother. Thousands of women are cut off in the prime of life, after suffering the most excruciating pains, by the wretched practice of excessive suckling; and thousands more have perished by deleterious drugs which had been madly swallowed to procure abortions!"

I have been told by many poor mothers to-day that such and such a child in their families resulted from conception when nursing under the misapprehension that they would then be safe. NORMAN HAIRE, M.B., giving evidence before the Medical Committee of the National Council of Public Morals said¹ "All German sexologists agree that too much importance has been placed on lactation as a protection against pregnancy . . . in a great many of my cases they have not menstruated and yet they have become pregnant."

Comment.—While I give, of course, the warmest support to the view that mothers should nurse their own babies wherever it is physically possible, I most strongly condemn the suggestion that suckling should be advised as a contraceptive or that women should ever be misled by being told that they are safe from conception at this time. It is true, of course, that many women are less liable to conceive when they are suckling, but none are really safe

¹ NORMAN HAIRE, M.B. (1927) in Evidence in "Medical Aspects of Contraception." Pp. xi, 183, see p. 146. London 1927.

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from unexpected conceptions at that time. A woman who conceives again while she is nursing one infant wrongs three people—the infant she nurses, herself, and the potential child in her womb. Suckling should *never* be encouraged as a contraceptive measure.

ACTIONS OF THE MALE:—

(5) Extra-vaginal union without normal penetration.

Methods which can be classed under the above heading vary in individual detail, and are probably more commonly used in illicit intercourse than in normal marriage. Essentially they consist of modifications of the procedure by which contact is arranged between the penis and the labia majora without entry into the vaginal orifice. The relative position of the sexes in this partial union and the actions of the female may be very greatly varied. Some women may participate more or less actively, while others may be passive.

Even this method is also unsafe as the spermatozoa may travel through the natural small opening of an unbroken vaginal membrane. Though it is rare, conception can and does occur in a *virgo intacta* who has come into external contact with the male. A recent illustration of this is found in the famous Russell case.

Comment.—Used as methods of “Birth Control” such abnormal procedures must be entirely condemned. Although possibly less detrimental to the participants than some other practices in vogue, such procedure is to be deprecated principally on

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the grounds of the unwholesome nervous reactions involved. The main physiological objections are like those to other forms of abnormal coitus, and need not be repeated under this heading (see in particular pp. 75 and 96).

- (6) After vaginal stimulation, consummating the ejaculation externally, commonly called "coitus interruptus" or "withdrawal"; sometimes called "onanismus conjugalis"; confusedly called "self-control" by many.

This form of truncated union is still one of the most prevalent—if not the most prevalent—among birth control methods still in general use in England, although the publication of "Wise Parenthood" in 1918 with my explicit demonstration both of its harmfulness and unreliability has tended to reduce the number of people using it. Doubtless this method is used outside marriage, and it is certainly widely used in ordinary marriages. It consists in normal penetration before or after stimulation and erection have taken place, the "control" feature of this method being the fact that when the man feels ejacu-

¹ Some Roman Catholics in a most misleading and unscientific way have called *all scientific control of conception* "onanism"; thus the use of douches by a woman would be called "onanism." This reprehensible confusion is deliberately created so as to appear to get biblical authority against control of conception by referring to the biblical condemnation of Onan for his totally different physiological act, with its dissimilar result as well as his totally different intention. See the Roman Catholic attitude expressed by MONS. BROWN, p. 411, Birth-rate Commission Report, 1917, second edition. This is fully discussed in my book, "Roman Catholic Methods of Birth Control."

The word is also used for masturbation, see p. 293.

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lation approaching, he withdraws the stimulated penis and permits the uncontrollable ejaculation to take place exteriorly and away from the vagina.

Described as "masculine prudence," it was one of the methods discussed in the very early days, and FRANCIS PLACE and his associates knew of and spread knowledge of it about 1823-6, as I found out by search in his original manuscripts, now in the British Museum.

This method is so widespread and has had in the past so many supporters and users, and is looked upon with considerable favour by so many ignorant of its harm, that it demands more detailed consideration than most other methods.

The main points of objection to it are twofold. Although it may appear "harmless" to a good many rather strong or insensitive individuals, its *tendency*, and its actual result in a great many cases, is to injure the nervous systems of both the man and the woman.

Harmful Effects.—Briefly, the effect on the man's nervous system is that, at a moment when the power of thought and central control is or should be in abeyance and his emotions and reflex actions at their freest, he is called upon to exercise careful watchfulness and critical control from the central nervous system. The strain is very great even if successfully accomplished. In addition to this the local effect on his own organ is harmful, because at the time of ejaculation the surrounding gentle support and the general soothing influence of

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vaginal enclosure and contact are absent. The evil effect on individual men is sometimes so great as to destroy the general health and make them thoroughly nervous and run-down, or to induce more explicit symptoms of neurasthenia and even functional disorders.

On the woman the effect is harmful if she is of a nervous disposition owing to anticipatory fears of failure. Where this is not so and the woman is placid and satisfied in this respect, it is nevertheless harmful because she is deprived of the full benefit of union. She is in a position comparable in this respect with that of the wife of the man suffering from too hasty ejaculation, of whom POROSZ noted that such a woman may suffer neurasthenia even approaching insanity, and be cured when her husband was cured, as she needed the complete union.¹

The effect on the woman's feelings at the time is rather well described by a patient of BOOTH'S,² who "confessed the practice, and when pressed for a description of her feelings after the act, replied that the only way she knew how to express it was that 'she felt like she wanted to sneeze and couldn't.' "

The woman subjected to this process is also deprived of the possibility, after the union has been completed, of the beneficial absorption from the seminal and prostatic fluids. I have many cases of

¹ M. POROSZ (1911): *Brit. Journ. Med.*, April, p. 784.

² DAVID S. BOOTH (1906): "Coitus Interruptus and Coitus Reservatus as Causes of Profound Neuroses and Psychoses," *Alienist and Neurologist*, vol. xxvii, No. 4, pp. 397-406, St. Louis, U.S.A., 1906.

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private persons who look upon it as certain in their own lives that not only the orgasm in coitus, but also the presence of the seminal fluids is beneficial to women.

Various detrimental effects of *coitus interruptus* were explicitly made clear in "Wise Parenthood" in 1918, and since that date I have received a number of confirmatory opinions and cases including the valuable evidence of SIR ARBUTHNOT LANE (see also p. 84).

No. 1052 (a Medical Officer of Health) writes me: "From my experience I am sure the presence of the semen in the vagina is beneficial to a woman."

No. 1002 (a practising doctor, M.B. and Ch.B.Edin.): "I was much struck by your opinion that the health of a married woman depends to some extent upon her experiencing the sexual orgasm and some absorption of the male ejaculate. I have long held this view. I have found that the physical signs of age are most noticeable in married women whose husbands practise withdrawal and who themselves never fully complete the sexual act. Especially is this noticeable just before or after the menopause."

No. 1050 (an M.D. married to a medical woman): "To us, personally, your books have been of much value, and indirectly, through me, to many of my patients. Amongst the uninformed 'coitus interruptus' is undoubtedly the only method made use of, and, in its train, it brings unhappiness sooner or later, I find."

Although continually advised and used by some members of the medical profession, various careful

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observers have spoken against it,¹ but perhaps the reason their sound attitude did not become universal may have been the briefness and incompleteness of their exposure of the dangers of the method. The great French scientist, CH. FÉRE, said in 1899: "Le coït réservé joue un grand rôle dans la production de la neurasthénie et en particulier de la neurasthénie sexuelle, si l'effet n'est pas constant, il ne peut pas être nié."²

Without discussing the method with much detail or subtlety, KISCH³ in the "Real Enzyklopädie" quotes a variety of authors who think it harmful: "Von Gynäkologen hat VALENTA den Coitus interruptus als eine Hauptursache der chronischen Metritis bezeichnet. ELISCHER sah davon Perimetritis eintreten. GRAEFE führt als Folgen des anhaltenden Coitus interruptus chronische Hyperämie des Uterus und Oophoritis an, GOODELL beobachtete als solche Folge eine Verlängerung des cervix uteri, MENSINGA giebt als konsekutive Erkrankungen Uterus infarct, Oedem der Portio, Anätzung des Orificium, hysterische Antälle, Convulsionen, Cephalalgien, Kardialgien U.S.W." KISCH⁴ also, in his own book, notes the cardiac injuries to women due to *coitus interruptus*.

¹ HANS FERDY (1891): "Der Congressus interruptus als aetiologische Basis nervöser Störungen in der Genitalsphäre." Pp. 8. Berlin, 1891.

² CH. FÉRE (1899): "L'Instinct Sexuel, Evolution et Dissolution." Pp. 346. Paris, 1899.

³ E. H. KISCH (1900): In Eulenburg's "Real Enzyklopädie," vol. xxvi, pp. 372-382. Berlin and Vienna, 1900.

⁴ E. H. KISCH (1910) (1908): "The Sexual Life of Woman," translated from the German of 1908. Pp. xi, 686 and 97. Illustrated London, 1910

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BOOTH¹ in 1906 detailed three cases of extreme nervous disorder, affecting locomotion and functions, which he attributed to the use of *coitus interruptus*.

FREUD also lists coitus interruptus as one of the causes of anxiety-neuroses in men, and FÜRBRINGER speaks against it.² Nevertheless HAVELOCK ELLIS³ who recognizes that it may injure the woman, mistakenly says: "The injurious effect on the man, who obtains ejaculation, is little or none." DR. FREUD recognizes⁴ that "coitus interruptus attains its effect by summation. According to the disposition of the person concerned . . . those persons who tolerate coitus interruptus apparently without harmful results are in reality becoming thereby disposed to the disorder of anxiety-neurosis which may break out either at any time spontaneously or after an ordinary and otherwise insufficient trauma."

It should also be noted that the woman is not only deprived of the full and prolonged contact, but also of the seminal fluid itself. That seminal fluid is probably a stimulant was suggested long ago by

¹ DAVID S. BOOTH (1906): "Coitus Interruptus and Coitus Reservatus as Causes of Profound Neuroses and Psychoses," *Alienist and Neurologist*, vol. xxvii, No. 4, pp. 397-406. St. Louis, U.S.A., 1906.

² P. FÜRBRINGER, DR. MED. (1904): In "Health and Disease in Relation to Marriage and the Married State." Edited by SENATOR and KAMINER. See article: "Sexual Hygiene in Married State," pp. 209-242, English translation. London and New York, 1904.

³ HAVELOCK ELLIS (1921) (1910): "Studies in the Psychology of Sex," vol. vi; "Sex in Relation to Society." Revised edition. Pp. xvi, 656 (see p. 551). Philadelphia, 1921.

⁴ S. FREUD, M.D. (1924): "Collected Papers, vol. i. Pp. 359. London, 1924.

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JOHN HUNTER,¹ who said: "The semen would appear, both from the smell and taste, to be a mawkish kind of substance; but when held some time in the mouth it produces a warmth similar to spices, which lasts some time."

HAVELOCK ELLIS brought together a number of data bearing on the question of the value of the seminal fluid for women, concluding: "If semen is a stimulant when ingested, it is easy to suppose that it may exert a similar action on the woman who receives it into the vagina in normal sexual congress."²

Another very important consideration is the beneficial **Absorption** by the vagina from the ejaculatory fluid (as distinct from the *semen* above considered) an idea which I explicitly enunciated and since then have watched opinion about it pass the stages from hostile criticism to the adoption of my facts or ideas without reference to me, as, for instance, by Dr. McCann in his paper against contraceptives.³

PROFESSOR ARTHUR THOMSON in "Problems involved with Congress of the Sexes in Man," championed the view that "the male ejaculate possesses other properties than those directly associated with the male fertilizing element."⁴

¹ JOHN HUNTER (1793-1800, publ. 1861): "Essays and Observations on Natural History, Anatomy, Physiology, Psychology and Geology." Posthumous Papers, edited by Owen. 2 vols. Vol. i, Pp. xvii, 403. London, 1861.

² H. ELLIS (1920): "Studies in the Psychology of Sex. Erotic Symbolism." Pp. x, 285. See pp. 171 *et seq.*

³ F. J. MCCANN, M.D. (1930): "Medical Arguments against Contraception." *Medical Press*, pp. 511-514. Dec. 1930. London.

⁴ A. THOMSON. 1922. "Problems involved with Congress of the Sexes in Man." *British Medical Journal*, January 7, 1922, p. 5.

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This view I naturally received with something more than ordinary assent, as it is my own view and was published by me in 1918.¹ Since publishing it I was glad to learn that so eminent a surgeon as SIR ARBUTHNOT LANE held the view that the *prostatic* secretion is of positive value, and is absorbed by the woman. PROFESSOR THOMSON in presenting his opinion gave what professed to be complete references to all subsidiary evidence in its favour, but he omitted mention both of SIR ARBUTHNOT LANE's and of my priority to him for what is true in his view. I had said "It is extremely likely that the highly stimulating secretion of man's seminal fluid can and does penetrate and affect the woman's whole organism"; also "Women absorb from the seminal fluid of the man some substance, 'hormone,' 'vitamine' or stimulant which affects their internal economy in such a way as to benefit and nourish their whole systems."² I consider the *vagina* is absorptive. PROFESSOR A. THOMSON's idea that it is the secretory glands of the uterus which do the absorbing, was promptly and effectively answered by BLAIR BELL³ who said, "In regard to these glands, PROFESSOR THOMSON wants to know, 'What then, is their func-

¹ M. C. STOPES (1918): "Wise Parenthood" (Ed. 1, 1918). See 7th ed., p. 40. See also "Radiant Motherhood" (Ed. i, 1920). P. 104.

² The minute quantities likely to be absorbed in such a way are not evidence against their great influence and importance; concerning the general physiology of hormones, &c., see the excellent textbook on physiology by SIR WILLIAM BAYLISS, M.A., D.Sc., "Principles of General Physiology," 3rd ed. Pp. xxvi, 862, + 261 illustrations. London, 1920.

³ BLAIR BELL (1922): Letter to *British Medical Journal*, January 21, 1922.

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tion? Are they secreting or absorbent? *In truth the views on the subject are very vague* (italics mine). Whose views? I do not think that any gynæcologist has any doubt on the matter, nor do I suppose any physiologist would have much difficulty in deciding between secretion and absorption."

The argument in PROFESSOR THOMSON'S paper which received the most general attention was contained in his concluding paragraph, in which he said of contraceptives that "The employment of such methods [*although he does not specify which*] while preventing fertilization may also be the means of depriving the female of certain secretions which may exercise a far-reaching influence on her economy."

As the Editor of the *British Medical Journal* refused to publish any letter from me on the subject, even when requested to do so by PROFESSOR SIR WILLIAM BAYLISS, F.R.S., the great physiologist, I sent a short letter to *Health*.¹ About PROF. THOMSON'S article "I have two things to say. The first is my ever-recurrent astonishment that persons who have some knowledge of scientific method should nevertheless speak of 'methods of contraception,' and lump their views about them under this one head, as though all the various methods had the same kind of physiological result, and, moreover, should do this in spite of my clear separation of the different types of physiological reactions naturally resulting from the different physiological processes involved

¹ M. C. STOPES (1922): Letter on "Marriage, and the Health of Women," *Health*, March, 1922. P. 226.

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in the very great variety of methods in use. It is utterly unscientific, indeed it is absurd to talk about any general result of 'methods of contraception.' *Each* method has its own particular reactions and results, and unless they are distinctly specified, any generalization about 'methods' is invalid."

I concluded: "While naturally I approve of the *main* thesis of PROFESSOR THOMSON's paper, I think that he weakens his argument by ignoring the proved absorptive property of the vagina, for undoubtedly in unions properly conducted, the woman does absorb through the vagina subtle substances of some nature or another not yet determined, which are certainly beneficial. The particular theory of uterine absorption elaborated by PROFESSOR THOMSON is one already discussed and disputed in the *British Medical Journal*, about which very much can be said. If his views be true that the 'uterine glands' absorb from the seminal fluid, even that is no argument against the use of quinine and various other methods of contraception, because such methods do *not* prevent the seminal fluid from penetrating the womb. It is to be hoped, therefore, that PROFESSOR THOMSON's indiscriminate remarks about contraceptives will not mislead others into generalizing too hastily."

My view that the vagina itself is definitely absorptive has been abundantly confirmed since the publication of the first edition of this book. For instance LOESER¹ (1925) proved that in healthy women between the

¹ ALFRED LOESER (1925): "Die Resorptionskraft des Scheidengewebes für Chemikalien in ihrer Beziehung zur Konstitution." *Zentralbl. f. Gynäkol.*, pp. 2824-2830. Leipzig, 1925.

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age of 20 and 30 years, when the cervix was carefully shut away from the rest of the vagina, potassium iodide was absorbed and iodine appeared in the urine in less than thirty minutes.

Confirmatory results were also obtained by ROBINSON¹ (1925), who found that sodium salicylate was also rapidly absorbed. Quinine, cane sugar and phenol red were also absorbed although not with quite such extreme rapidity.

The remark in the *Lancet* (p. 1133, No. 16, 1935) "that many substances may be absorbed from the vagina is now well established," is characteristic of the way my views are first sneered at and fought against and then accepted without reference or apology by the medical profession.

Unreliable.—As regards the reliability of *coitus interruptus* as a contraceptive there is also something to say. It fails from time to time owing to the man's lack of control; but it also fails at times apparently inexplicably, and when the man and woman both assert absolutely that no failure *could* have taken place! One reason for such failure is clear. It is naturally difficult for a man in the state of emotion induced by proper coitus to be quite sure what happens. There is, however, a more fundamental and more interesting cause of failure. *Before* the main ejaculation takes place (of which the man is conscious) small preliminary exudations are general, and in these, active sperm may be present. In his

¹ G. DRUMMOND ROBINSON (1925): "Absorption from the Human Vagina," *Journ. Obstetr. Gynæc. Brit. Empire*, vol. xxxii, pp. 496-504. Manchester, 1925.

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own person, one of my distinguished medical correspondents observed active sperm cells at the time of erection and before ejaculation had even approached onset.¹ This doctor (who desires me not to publish his name) writes: "It is easy to prove with a microscope and a warm stage (as for observations on white blood corpuscles) that living and active spermatozoa are present in the beads of clear secretion which often—probably always—are seen at the urethra when an erection of the penis has lasted for even a short time. This is mostly secretion of Cowper's glands, like the Bartholin secretion in women, and serves as a natural lubricant. I have myself seen the spermatozoa in it." This takes place even in perfectly healthy men. We must also bear in mind cases of "spermatorrhœa" in which even large drops of semen exude during rectal evacuation and may remain clinging to the glans penis.

Coitus interruptus is, therefore, an inherently unreliable method. Many medical practitioners now recognize this as a very unsafe as well as harmful method, although DR. J. RUTGERS, the Dutch Malthusian expert, said: "Withdrawal is also a secure method when the husband has, or acquires, sufficient control of himself."² This I deny.

Comment.—Always advise against the method for general use, although perhaps it may be satisfactory in isolated instances of emergency. I condemn

¹ This case was published for the first time in the 6th edition of my book "Wise Parenthood" (1920), and has since been taken by other writers, but without acknowledgment of the source.

² J. RUTGERS: "What every Married Couple should Know." Pp. 15. The Hague, 1917.

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the method both on the grounds of its harmfulness to the male central nervous system, and its local effect, and because it deprives the female of the proper completion of the physiological reactions set in motion by the onset of the coital act.

- (7) Pressure on the ejaculating penis which causes the spermatozoa to enter the bladder instead of making their exit with the ejaculating fluid from the prostatic gland, etc. Called *coitus saxonicus*.

This method is briefly described by HANS FERDY¹ under the name *coitus saxonicus* as consisting of normal union up to the point of ejaculation, when the woman exerts a strong pressure with her fingers at the base of the male canal, so that the spermatozoa regurgitate into the bladder without an external ejaculation. As is obvious, the sperm would later pass out with the urine. The injurious nervous reactions are similar to, but more marked and more quickly developed, than those experienced after the use of *coitus interruptus*. It is also obvious that the same sources of failure as were described on p. 86 are liable to occur.

Comment.—No wife who has any regard for her husband's health should use it. It seems a possible last defence for a woman whose husband persists in union and refuses to allow her to use, or to use himself, any of the available scientific and wholesome means of contraception. In any normal marriage its use is to be condemned.

¹ HANS FERDY (1906): "Die Mittel zur Verhütung der Conception, Eine Studie für Ärzte und Geburtshelfer." 9th Ed. Pp. 112. See p. 59. Leipzig 1906.

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BY BOTH PARTIES :—

- (8) Control of the coital act so that ejaculation shall not take place even after prolonged union. Known as "Male Continence," "Karezza," "Zugassent's Discovery," "Sedular Absorption," "Magnetation," "Self-Control," "Coitus reservatus," and by a variety of other names.

This method consists, like *coitus interruptus*, in the normal, unclothed and unhindered entry of the penis into the vagina, but differs from *coitus interruptus* in controlling the nervous excitation so as never to approach the onset of the orgasm while within the woman. The union is protracted, and the erection, after being active for a length of time varying from twenty minutes to ten hours, naturally subsides before withdrawal from the vagina.

NOYES claimed that he discovered it in 1846, and he gave an interesting account of the method,¹ but it was undoubtedly known and practised in the Orient centuries before his time and has long been accepted by the Church of Rome. I have recently discussed the matter very fully in my book "Roman Catholic Methods," to which reference should be made.²

This separation of the amative from the propagative act has *theoretically* much to recommend it, but I do not know of many successful cases of

¹ JOHN HUMPHREY NOYES (1877): "Male Continence," 2nd ed. Pp. 32. Oneida, 1877.

² MARIE C. STOPES (1933): "Roman Catholic Methods of Birth Control." Pp. 235. London, 1933.

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its use, and this is probably due to the fact that the process of normal ejaculation results in benefit to both contracting parties. Men who have not the power to produce ejaculations more often than once or twice a year, however, do exist and in my opinion are commoner than is generally supposed. For such men, possibly, this method might prove useful.

DR. RUTGERS says, "This method of intercourse without impregnation has been called *carezza* or ZUGASSENT'S discovery, and it requires very considerable effort of the will and practice. But this variety of continence can also cause nervous trouble."

The method is chiefly practised by a variety of sets of people in America, the best known being those who formed the Oneida Colony which was founded by JOHN HUMPHREY NOYES. A full account of the theory and practice is given by a medical woman in "*Karezza*"¹ and a pamphlet with letters about successful cases by MRS. MARGARET SANGER.² A fuller and more interesting account was published long before by DR. FOOTE in his popular "*Home Cyclopedia*."³

As MRS. SANGER tersely puts their rather elaborate views, "The advocates of the magnetation theory claim that the sexual organs have *three* distinct

¹ ALICE B. STOCKHAM, M.D. (1896), "*Karezza*." Pp. 136. Chicago, 1896.

² MRS. M. SANGER, "*Magnetation Methods of Birth Control*." New York. Pp. 20, no date on title page. I think it is about 1915.

³ E. B. FOOTE, M.D., "*Home Cyclopedia of Popular Medical, Social and Sexual Science*." Many editions. I refer to the "Twentieth Century Edition." Pp. 1225, illustr. New York, 1902.

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functions, viz., urinary, propagative, and amative—i.e., they are conductors firstly of urine, secondly of semen, and thirdly of social magnetism. Each is separate and distinct in itself” so that they use the erected organs for *love* but control ejaculation so as not to inseminate save on special occasions.

I have personally only come across about half a dozen “advanced” people who use this method as followers of Noyes. All these were exceptionally intelligent people and all spoke enthusiastically of it. As I stated in “Married Love,” however, I do not think it suited to the requirements of the average healthy man or woman. One case known to me failed without the man’s knowledge and pregnancy resulted in the wife.

Under the American name Karezza I had a brief note on this method in the earlier editions of *Married Love* which roused such unbridled invective in my legal action¹ by the Roman Catholic counsel, that everyone must have inferred that the method was abhorrent to Roman Catholics. Sometime later I found out that it is not only *not* abhorrent but has long been one of Rome’s permitted means of birth control! As distinguished from *coitus interruptus* which has an external ejaculation (see p. 76 et seq.) *coitus reservatus*, which has no ejaculation is “without sin and permitted.” The references from the authoritative Catholic theologian SLATER (in his *Manual of Moral Theology*) are quoted and fully

¹ See Printed Verbatim Report of the case *STOPES v. SUTHERLAND* and others, for the House of Lords Appeal 1922: S—No. 2397. Pp. 434. London 1923.

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set out by a Priest in his book¹ "The Morality of Birth Control." To all this section of the work the present leading Roman Catholic theologian, Father Henry Davis, S.J., takes no exception, and writes to me, "as to *coitus reservatus* I do not agree with you that it is unnatural if both husband and wife desire it."

In the last few years these facts have become extremely significant, and careful probing will discover that many of the men who proudly claim that "continence is the only right thing when children are not desired" are not referring to continence as would be understood in plain English, but to sex unions conducted with *coitus reservatus*!

DR. BOOTH² disapproves of the method of Karezza and calls it "an even more disastrous practice than the one she [Dr. Stockholm] previously condemned" i.e. *c. interruptus*.

ILLUSTRATIVE CASE

CASE No. 1001.—A British man describes himself, "It was not until at 53 I was married and could test the Oneida method, but when I did so, I found it easy, healthful, safe, and all that could be desired." He continues to eulogize the method and says what "puzzles me is the persistency of European writers to ignore the best check of all, as many think, and

¹ "The Morality of Birth Control and Kindred Sex-subjects, a Handbook of Moral Pathology," by a Priest of the Church of England. Pp. xxii, 270. London 1924.

² DR. DAVID S. BOOTH (1906). "Coitus interruptus and C. reservatus as causes of Neuroses." *Alienist and Neurologist*, vol. 27, No. 4, pp. 397-406. St. Louis, U.S.A., 1906.

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the *only* check which has been *thoroughly investigated* (in the U.S.A.) medically, socially, and in every other way." In addition to the large-scale experiment in Oneida, "Recently in England a group of eight intellectuals put male continence to the test for several months, and I have a very beautiful statement from the lady promoter in which she says—'I have never seen anything but good come from this training.' The claim is made that 'during ten years we had but two accidental children born to a family of three hundred members.' "

Comment.—The method does not appear to be one to recommend, except for special cases. The whole idea appears to me one about which scientific opinion should be cautiously reserved, yet alert and inquiring.

Although *coitus interruptus* is condemned by the Roman Catholics and *coitus reservatus* permitted (see p. 86) both have one reaction in common, as was noted by BOOTH¹ in 1906 who says: "Neither of these practices can be followed by proper depletion of the sex apparatus and relief to the nerve-tension, so that, instead of the normal tranquillity sex erethism results, with its consequent excessive indulgences which only adds fuel to the flame and completes a pernicious cycle of action and reaction which finally ends in a profound neurosis or psychosis." This reaction is probably the source of the statement sometimes made that "birth control leads to exces-

¹ DR. DAVID S. BOOTH (1906): "*Coitus interruptus* and *c. reservatus* as Causes of Neuroses." *Alienist and Neurologist*, vol. 27, No. 4. pp. 397-406. St. Louis, U.S.A., 1906.

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sive sex union"; a statement, needless to say, absolutely at variance with the facts experienced by users of scientific methods of which, allowing "the proper depletion of the sex apparatus" do not lead to those excesses which loom so large in the experience of Catholics who either use or observe in others the effects of the forbidden *coitus interruptus* or the permitted *coitus reservatus*.

(9) Seasonal fertility.

Although among primitive races there are peoples to be found among whom a regular seasonal exhibition of sex activity still exists, as, for instance, the Esquimaux, some native tribes in Siam, and so on (see MARSHALL,¹ and various works on Anthropology), yet among the Anglo-Saxon and Celtic races which compose Western European peoples none remain so definitely seasonal in their potentialities for fertilization as to possess an *annual* "safe period," although there is a certain amount of evidence that the spring months of May and June are more liable to yield conceptions than the mid-summer and mid-winter months.² Hence, there can be no "birth control method" involving a seasonal restriction of intercourse. The use of the so-called "safe period" among our peoples implies a menstrual safe period and not an annual one, such as might be practical among primitive peoples.

¹ F. G. A. MARSHALL (1910): "The Physiology of Reproduction." Pp. xvii, 706. See p. 70.

² CHARLES RICHTER (1916): "De la variation mensuelle de la natalité." *Compt. Rend. Acad. Sci.*, Paris, vol. 163, pp. 141-149.

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- (10) "*Coitus Intermenstruus*" or Restriction of the Coital Act to certain specified Dates in the Month, commonly called the "Safe Period," sometimes "*Tempus Ageneseos*," The Rhythm, etc.

This method of birth control is a very old one and has had a very interesting history. The earliest reference in the scientific literature of Europe which I have is POUCHET in 1842,¹ but unfortunately I have not been able to see this book and depend on HANS FERDY'S² quotation. It is now seldom recommended by medical practitioners, but in 1883 Capellmann³ discussed it in a paper wherein he recognized medical conditions which necessitate the use of some means of contraception, and considered the Mensinga caps but discarded them in favour of the use of the "safe period." Even still it is the only method in addition to total abstention which is sanctioned by some religious individuals, because, owing to clerical ignorance of the true functions of sex union, the clerics are under the impression that it is "natural." It is, however, quite an unnatural method; *no* natural female animal allows the male entry when she is not "on heat." It is also unnatural because it prescribes the times at which a man is to approach his wife without any relation whatever to his feelings, to her natural disposition and rhythm, or to incidental and quite right stimuli such as

¹ F. A. POUCHET (1842): "Théorie positive de la fécondation des mammifères." Paris, 1842.

² HANS FERDY (1906): "Die Mittel zur Verhütung der Conception, eine Studie für Ärzte und Geburtshelfer," 9th ed. Pp. 112. Leipzig 1906.

³ C. CAPELLMANN (1883): "Facultative Sterilität ohne Verletzung der Sittengesetze." Pp. 22. Aachen, 1883.

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anniversaries, romantic remembrances, &c. It therefore tends to thwart the natural and romantic feeling at the time when it may be roused, and tends also to lead to an unnatural sense of duty at the available times for the man to perform the act when he may not be particularly inclined to do so, yet feels that he had better do so when he may, as the opportunity may not be available at the time he naturally desires union.

A similar argument applies with still more cogency to the woman, for the ordinary "safe period" which comes at the inter-menstrual phase is the time when she is less likely to have normal sex potentiality.¹ This view has been adopted by LORD DAWSON OF PENN who giving evidence before the Medical Committee of the National Council of Public Morals² said: "Those who recommend that it [intercourse] should regularly take place during the 'safe period' and condemn other contraceptive methods as 'unnatural' are inconsistent. What could be more unnatural than to restrict intercourse to the very time when Nature least intended it?"

Father HENRY DAVIS, S.J., speaking for the Church of Rome, maintains that it is "natural" "if we define our terms correctly" though even he allows that his co-religionist clerics and doctors "are fully aware that the wife probably does not derive the same

¹ M. C. STOPES (1918): "Married Love." Pp. 191, see charts. London, 1918 (also in current 19th ed., 1931), and "Wise Parenthood" in 1918 and onwards.

² LORD DAWSON OF PENN, M.D., etc. (1927): Statement before the Medical Committee of the Nat. Council Public Morals in "Medical Aspects of Contraception." Pp. xi, 183. London 1927.

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benefit nor has the same desire at that period as at other times."¹

The REV. MGR. W. F. BROWN, Vicar-General of a Roman Church, said, under cross-examination by the Birth Rate Commission: "Where all other deterrents fail, married couples may be allowed to limit intercourse to the inter-menstrual period, sometimes called *tempus ageneseos*."² He follows this by the warning that the method is not perfectly safe, thus showing more wisdom than some Anglicans who gave the same advice but treating the "safe period" as really safe, brought both themselves and the ecclesiastical position into contempt. This has now fortunately been rectified by the Lambeth Encyclical 1930 (see p. 348).

A most useful consideration of the "safe period" is contained in "The Morality of Birth Control,"³ where the author analyses the subject minutely.

It is permitted in the Papal Encyclical of 1930 although the popular press indicated that all Birth Control was condemned therein. The words of the Encyclical included the following:—

"Nor are those considered as acting against nature who in the married state use their right in the proper manner although on account of *natural*

¹ HENRY DAVIS, S.J.: "Birth Control, the Fallacies of Dr. M. Stopes." Pp. iv, 80. London 1928. See p. 20.

² Report of the National Birth Rate Commission, 1917, "The Declining Birth Rate," London, 1917. Second edition. Pp. xiv, 450, see p. 393, and also p. 403.

³ A PRIEST OF THE CHURCH OF ENGLAND: "The Morality of Birth Control and Kindred Sex Subjects." Pp. xxii, 270. London, 1924.

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reasons either of time or of certain defects, new life cannot be brought forth."

In my book *Roman Catholic Methods of Birth Control* (1933) I exposed the methods approved by the Church of Rome, though the fact that there were any had till then been generally concealed from the public, as it still is in Ireland where censorship keeps the population ignorant even of the teaching of their own Church. Following my book there was what might almost be described as an epidemic of Roman Catholic books on birth control, commencing in America with *The Rhythm*,¹ published "with Ecclesiastic approbation," followed by *Lawful Birth Control, According to Nature's Law in Harmony with Catholic Morality*,² in which the main substance of my popular arguments in favour of birth control are paraphrased and adopted, coupled with the instruction of the Catholic public in the use of the "safe period" as a birth control method. The concomitant of this was the commercial sale of innumerable charts, calendars, and even an extraordinary square metal slide rule, and other commercial productions. These have obscured somewhat the fervid efforts at research" to prove the existence of a reliable "safe period." Most of these researchers ignore the husband's part and forget that it is only in the acid type of woman that the male sperms are rapidly destroyed, while in the very feminine and healthily

¹ L. J. LATZ, M.D.: "The Rhythm." Pp. 128. Chicago 1934.

² REV. J. A. O'BRIEN, assisted by DR. H. KNAUS, DR. RAOUL DE GUCHTENEERE and DR. H. SCHMITZ: "Lawful Birth Control according to Nature's Law in Harmony with Catholic Morality." Pp. 152. Illustr. Indiana, 1934.

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alkaline woman the viability of the sperm may overlap the whole extent of the "safe period" and thus impregnation may result from a union which took place at the "safe" time. As HIMES says in his newest book, "Practical Methods of Birth Control" (1940), "The latest scheme to dupe the poor, unwary, overburdened mother is to loose upon her head a veritable avalanche of books, calendars, astrological charts and magical wheels to explain and facilitate the use of the rhythm or sterile period."

The length of the supposed "safe period" varies in individual women; in some it lasts over a fortnight; in some it lasts but three or four days; in many it does not exist at all. It is recorded that the woman can determine this for herself,¹ and I have had this confirmed by women who have been known to me, not by mere correspondence only but by direct personal confidences, on which I have cross-examined them. I have noticed these women, however, are of the type which I should call "ascetic" or intellectual, with the sex activity rather below than above the normal, although their emotional and affectional activity is strong and romantically felt.

In giving evidence before the Birth Rate Commission I said² something about these types, for it seemed to me that to discuss such physiological points without recognizing that different types of

¹ R. T. TRALL, M.D. (1866): "Sexual Physiology: A Scientific and Popular Exposition of the Fundamental Problems in Sociology." Third ed. Pp. xiv, 312; 78 illustrations + Appendix. New York and London, 1866.

² M. C. STOPES (1920): In the Second Report of the National Birth Rate Commission, "Problems of Population and Parenthood," see pp. 241-255. London, 1920.

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women exist, was futile. The point appears to me particularly important and interesting in connection with the idea that there is a natural reduction in fertility (see pp. 68 and 99).

In my opinion what truth there is in the idea of our natural tendency toward reduction of fertility is not explicable on the basis of mere environmental conditions, but depends on the existence of this physiological type of woman, and the correspondingly undersexed type of man.

In the woman who has, and is able to verify in her own life that she has, a really reliable "safe period," I feel that we have the only true form of partial natural sterility which we can at present recognize and investigate. I say this with deliberate intention because in my opinion intelligent study of this matter is at present always confused and almost all the arguments of thinkers and statisticians are invalidated by the fact of the enormous prevalence of gonorrhœa, mumps and other sterilizing diseases, histories of which are not inquired into before statistical and other arguments are deduced from merely numerical records.

It will be recalled that recently PELL reopened discussion on the subject of the tendency to natural infertility.¹ His data were mostly statistical. I feel that they only emphasized the need of inquiry into the *physiological* basis of such data. I think I see the physiological type tending toward a natural sterility,

¹ C. E. PELL (1921): "The Law of Births and Deaths: Being a Study of the Variation in the Degree of Animal Fertility under the Influence of the Environment." Pp. 192. London, 1921.

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in those who have a well-marked "safe period." The subject is full of interest and should be further investigated; it is, however, rather outside the scope of the present work.

To return, therefore, to the use of the "safe period" as a method of controlling conception. It is, in my opinion, only safe in certain types of women, and these are the types which have a natural tendency towards sterility, although they may not be sterile for the whole month. It is a method which individual women find satisfactory and useful, and may legitimately be explained to any patient who desires to use the method, and is herself able to determine what is the limit of her own "safe period." It should *not* be taught as suitable for general use by the Churches, by Health Visitors, Social reformers, and others who assume to themselves the position of instructors. Because even if a woman of the "below par" type may find it in her own life absolutely reliable, the poor woman whom she may be instructing, who is probably normal or even a strongly sexed, fertile woman, may be entirely and cruelly misled, for, so far as observations and experiences confided to me go, *the ordinary working-class healthy woman has no safe period at all*. See also p. 25 where figures collected from women attending our clinic showed 100 per cent. failure among those who had trusted in it previously to coming to us for advice. The advocacy of the "safe period" brings the whole subject of sex reform into contempt, as the advice is misleading when applied to normal people. Nevertheless, it has been very actively

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advocated by clerics¹ and by clerically influenced medical practitioners, as in Lady Barrett's small book with its preface by the Archbishop of Canterbury.² For such advocates, and also for those claiming to be able to "determine sex" the papers of SIEGEL³ and PRYLL⁴ are a god-send. I feel that they require more critical confirmation before generalities can safely be deduced from them, a position rendered all the more advisable since SIEGEL⁵ corrected his optimistic views regarding a true "safe period" not long after their publication.

Comment.—The "safe period" may be used by individuals who are acquainted with the above facts, and who find that their own type is such that the "safe period" is suitable, but it should never be recommended in general. Even for those whom it appears to suit I think the method a cold, calculating, pseudo-restraint which tends to debase the true sex relation, and reacts unfavourably on the character of both participating parties, and is, moreover, quite unnatural.

¹ See Evidence in the First Report of the National Birth Rate Commission: "The Declining Birth Rate, its Causes and Effects." Pp. xiv, 450. London, 1917. See p. 64 *et passim*.

² LADY BARRETT, M.D., 1922: "Conception Control and its Effects on the Individual and the Nation. With a Foreword by His Grace the Archbishop of Canterbury." Pp. 48. London, 1922.

³ DR. P. W. SIEGEL: "Krieg und Geschlechtsleben," *Deutsch. med. Wochenschrift*, vol. xli, No. 39, p. 1176 and 1251: 1915.

⁴ PRYLL: "Kohabitationstermin und Kindsgeschlecht," *München med. Wochenschrift*, vol. lxiii, pp. 1579-1582, 1916.

⁵ DR. P. W. SIEGEL (1917). "Gewollte und ungewollte Schwankungen der weiblichen Fruchtbarkeit Bedeutung des Kohabitationstermines für die Häufigkeit der Knabengeburt." Pp. x, 197. Berlin 1917.

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BY BOTH PARTIES :—

(11) Mutual and Complete Abstention from the Coital Act.

Although this is a negative form of birth control, and, according to the definition on p. 1 not true birth control at all, merely consisting of the absence of coitus, yet the physiological effects of this procedure should be noted under the heading of contraceptive measures, because this is the chief method of control advocated by a large number of very religious persons for reasons which have a bearing on our theme.

Total abstention from the coital act on all occasions when conception is not deliberately desired is advocated by individual clerics and some so-called reformers. The phrase "union for procreation only" recurs in some religious circles with such re-iteration that it has become a catch-phrase of a certain type of mind, which, being generally sub-normal in sex potency is unaware of the needs of normality.

How lacking in scientific knowledge of the complexities of the act of coitus, and how inhumanly uncharitable some of the Anglican Bishops were little more than a decade ago, may be gathered from the reply to the Birth Rate Commission in cross-examination of their representative who said to the question, "Then, the end being secured by conception, would you say that intercourse was unlawful until it was necessary for another conception!" A. "I disapprove entirely of intercourse if there is any other motive." And also from the fact that in the 1920 Encyclical Letter the Bishops go so far as

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to class all scientific contraceptives as "incitements to vice"! The 1930 Lambeth Episcopal Conference marked a great advance, as will be seen from the Resolutions (quoted on p. 348).

Although it is not a positive Birth Control measure, total abstention from the coital act in marriage has psychological and physiological reactions of sufficient seriousness to warrant its consideration in a medical work. This method of procedure is more usually insisted upon by the woman than by any but sub-normally sexed men, although there are ordinary men who have been led to believe that it is their duty to take this attitude towards marriage.

The physiological results on the man of total abstention extending over many months or years are very numerous, and depend in their intensity of expression on the physiological type of the man.²

It should be noted that the deprivation of coitus in marriage is physiologically a different thing from chastity in the unmarried man. The daily (sometimes hourly) stimulus of contact with a beloved wife is a very different thing from celibate absorption in work apart from feminine companionship. Temporary periods of abstention in marriage, particularly when

¹ "Conference of Bishops of the Anglican Communion, holden at Lambeth Palace, 1920. Encyclical Letter from the Bishops, with the Resolutions and Reports." Second edition. Pp. xiv, 161. London, 1920.

² See M. C. STOPES (1920): Evidence before the National Birth Rate Commission, pp. 242-255 in "Problems of Population and Parenthood, being the Second Report of the Chief Evidence taken by the National Birth Rate Commission." Pp. clxvi, 423. London, 1920.

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the abstention is an act of love in the interests of a temporarily indisposed wife, are not likely to have any harmful physiological result, and are attainable by any man with a normal strength of will and character. But total abstention for life, or for many years, does have results in general harmful both to the individual and the society in which he lives.

Depending on the physiological characters and temperament of the man, three main results are to be expected from total abstention in marriage over protracted periods:—

(a) The man of sex vitality below par or the man engaged on very absorbing and strenuous *intellectual* work, is, on the whole, likely to achieve this enforced celibacy within marriage without any very material disturbance of his physiological functions, but with the probable result that if it is extended over many years his potential fertility may be reduced or totally lost (see p. 109). And even with the best will in the world he will hardly prevent himself getting at least a little “queer” and fidgety if not actually irritable.

(b) The normally sexed, healthy man, if on good terms and affectionately disposed towards his wife will probably be subjected to a strain which will be detrimental to his health, tending to nervous reaction, sleeplessness, possibly debilitating nocturnal emissions and to a development of irritability and general lack of sense of well-being and nervous control.

(c) The third, or possibly oversexed type of man will, it is almost certain, give up the struggle after some time has elapsed and add to the number of those who support prostitution or illicit mistresses.

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Similarly the effects on the woman would be as follows:—

(a) If she is of the “frigid” or under-sexed type, she may imagine that she feels better without union, but at the same time she will probably develop some form of sleeplessness, digestive complaint, nervousness or hysteria. She will probably resent any indication that she would be better for the normal sex act as she will be of the type who considers herself “superior” to ordinary human sex life. If she is of the extremely ascetic type, reasoned argument will probably not prevail and the situation offers little hope of rectification for a normal husband who may be married to her.

(b) If she is a normally sexed, healthy type of woman who has acquired such ideas against sex union as the result of false education or contact with abnormal or under-sexed men and women, then the medical practitioner by suggesting suitable books¹ will probably be able to put the matter right and to restore her and her husband to normal health.

(c) If the woman is of the very strongly sexed type she is less likely to have come into this category and unlikely to have demanded this form of Birth Control, although it is not impossible that such a strongly sexed type may have married a man who has got the crank idea that union should be for procreation only, in which case her predicament is not one easy to solve unless the husband be particularly broadminded.

¹ Such as “Married Love,” by STOPES; “Love’s Coming of Age,” by CARPENTER; “The Art of Love,” by ROBIE.

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ILLUSTRATIVE CASES

CASE A 21.—A normally sexed man married to a very cold woman who demanded "union for procreation only." *On the first night* of the marriage the husband learned this and realized his bitter mistake. He was a loyal and conscientious man and remained faithful till after the birth of four children, when his wife refused to have any more. Then for twenty years he was permitted no unions and no pleasantness or human endearments. After some years he resorted to prostitutes, as his health suffered from lack of union. Then he fell seriously in love and desired freedom to marry, but his wife refused absolutely to divorce him. He has no redress. Nocturnal emissions made him feel ill and unable to do the hard brain work of his profession, and so he is one of those who are assisting to maintain the institution of prostitution. The wife is unhealthy, sleepless and very "difficile."

DR. ROBIE writes: "The present writer has the advantage of knowing the inner lives of thousands of married people whose whole lives are exemplary and whose idealism is unquestioned. His knowledge of many of these men and women extends over more than a quarter of a century. . . . The method of moral restraint and sublimation wrecks homes among the people who have high ideals just as surely as unbridled licentiousness wrecks homes among those who have low ideals or none."¹

A further *Illustrative Case* taken from DR. ROBIE

¹ W. F. ROBIE (1920): "Sex and Life." Pp. 424. Boston, 1920. See pp. 379-80.

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is as follows (p. 386): "A woman married with a definite purpose of having intercourse for procreation only, first ascertaining that her husband-to-be was of the same mind. She has several children, is devoted to social questions, and especially seeks to be helpful to young men and women. Her health is frail. Her husband visits her for a week or two at a time on an average of about twice a year. She is evidently not happy in her home. He is evidently a fanatic or a crank."

Many propagandists of "purity" assert that long periods of total abstinence have no deleterious effect on men, but even DR. MARY SCHARLIEB has pointed out the danger of resulting impotence. She said: "Men in a great many cases abstain during the first few years of marriage, and then, when they are most anxious to have children they cannot. I cannot explain it except by assuming that it is the result of thwarting nature. They are quite capable when first married, but in consequence of persistently thwarting nature they become incapable,"¹ and continued: "Directly a couple are living together in the intimacy of marriage, abstention appears to have a very deleterious effect."

This is confirmed also by DR. COOPER,² who said "Everything depends on the individual, but probably it may be laid down as a general rule that enforced and protracted continence is almost always in-

¹ Report of the National Birth Rate Commission, London, 1917. Pp. xiv, 450. See pp. 269-271.

² ARTHUR COOPER (1920): "The Sexual Disabilities of Man and their Treatment and Prevention." 4th ed. Pp. viii, 266; 2 illustrations. London, 1920.

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jurious to a less or greater extent, according to its duration."

DR. ROBIE, the famous American Sexologist, in a letter to me on this subject writes: "I can remember many men, clergymen and educators principally, who have denied themselves as a matter of principle, erroneously thinking thus to conserve their energies and attain to the highest mental efficiency. After convincing explanations they readily recovered, a part at least, of the virility that had been lost through repression; and it would be difficult to say to-day whether these men or their wives were most delighted at the increased health, happiness and efficiency of both."

And LORD DAWSON OF PENN said:¹ "If this harmful restraint succeeds in preventing conception there eventuates the inevitable prevalence of sex excitement followed by abortive and half-realized satisfaction, and the enhanced risk of the man or woman yielding to outside sex temptations.—No, birth control by abstention is either ineffective, or, if effective, is pernicious."

An interesting suggestion was made to me by a medical practitioner, who wrote, (No. 2016): "My own belief is that enlarged prostate is due to sexual congestion unrelieved. It is most often found in men with a clean record. In books and articles upon the subject the sexual history is seldom or never referred to. In middle class life, after middle life,

¹ LORD DAWSON OF PENN (1921): "Love—Marriage—Birth Control: Being a Speech delivered at the Church Congress at Birmingham, October, 1921." Pp. 27. London, 1921. See p. 22.

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wives develop a disgust for sexual life. In many cases the husband, out of consideration for the wife, gives up sexual intercourse while retaining sexual passion. This leads to sexual congestion and in some cases to prostatic enlargement."

Comment.—The method of total abstention is in my opinion essential to be used in every home as a *temporary* measure during the ill-health of either wife or husband. I think, on the other hand, it should not be used by normal persons as a measure extended over long periods of time, for its subsidiary ill-effects more than counterbalance any "moral" advantages if it is used for long periods. It is, moreover, the *most* "unnatural" of all methods of contraception which can be used by a loving pair.

(B) ACTIONS OR MODES OF PROCEDURE INVOLVING THE INTRODUCTION OF CHEMICAL SUBSTANCES WITH THE SUPPOSED INTENTION TO INCAPACITATE THE SPERMATOCYTES SO THAT THEY CANNOT FUSE WITH THE OVUM

Long before the true nature of the spermatozoa could have been known (that is, centuries before microscopes were invented) it was already recognized that the introduction of certain chemical substances into the vagina tends to inhibit conception. Thus in ancient Egypt the introduction into the vagina of honey and dung (see p. 356) was practised and in an ancient Sanscrit book of love the use of alum was advised, as well as various decoctions of herbs.

The object of the introduction of chemicals of

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any sort is the intention to incapacitate the spermatozoa and thus render them incapable of movement or of union with the ovum. The minute size and delicate structure of the spermatozoa render plasmolysis *in vitro* easy of achievement. As is well known, each human spermatozoon is 0.05 mm., or $\frac{1}{20}$ th of an inch, including its long cilium or tail. (For descriptions of the spermatozoa of man and other animals, reference should be made to MARSHALL's "Physiology of Reproduction."¹)

How little is accurately known about spermatozoa by many medical men is indicated by the recent statement of Dr. F. McCann² that "chemical contraceptives . . . are open to the general objection that chemical substances strong enough to kill living spermatozoa injure other living cells." This is, of course, patently untrue as even plain *distilled water*(!) will immobilize spermatozoa, see p. 113.

In a normal ejaculate there are not only, as is so often stated, thousands of these, but millions; the ejaculate of a healthy man containing between one and six hundred million live, motile spermatozoa the whole bulk of the ejaculate being as a rule 3 to 5 c.c. The quantity of plasmolysing chemical therefore required, although it has to deal with innumerable spermatozoa, is not great; and individual experience has shown that with the use of such a plasmolyser as quinine salicylate, a few grains is

¹ F. H. A. MARSHALL (1922): "The Physiology of Reproduction." Second edition. Pp. xvi, 770. London, 1922.

² DR. F. J. MCCANN (1930): "Medical Arguments against Contraception," *Medical Press*, pp. 511-514. Dec. 1930, London.

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amply sufficient to leave a wide margin of safety. But, on the other hand, it is well known that results obtained *in vitro* are often dissimilar from those obtained *in vivo*, and I am much inclined to think that the reason that the quinine plasmolyser, for instance, is so much more reliable when applied in the medium of *grease* (such as low melting-point cocoa butter or oil), than when applied in other ways, is due to the additional physical effect of the grease, itself which acts as a clog to the movements of the spermatozoa. It is highly significant that we get the highest degree of security in clinical cases by the use of *pure olive oil alone with no chemical*.

The number of chemicals in general use was until recently curiously restricted. This does not seem to have any real scientific reason, but to depend on the fact that knowledge on the whole subject of contraception has largely been left in the hands of the unscientific commercial retailer, even of the hanger-on of vice. Such persons are profoundly ignorant of the scientific basis for any procedure they may advocate, and therefore the few substances which long ago became known have tended still to be used to the exclusion of a larger number of other substances theoretically of equal value, which might have been used, or whose advantage might have been discovered had the subject been handled in an open and scientific manner. We have, as a result of our experience at the clinic, confirmed what I pointed out in "Wise Parenthood" in 1918, that a small percentage of people find quinine a positive irritant, and we have now entirely super-

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seded quinine suppositories. (See also p. 122 and p. 136.)

In the last few years the spirit of intelligent observation and experiment fostered in the properly established birth control clinics has led to an increase in the number and variety of substances put forward as contraceptives. Chemical work *in vitro* on a number of them has been begun by STEINHÄUSER in 1922 and BAKER in 1929 and 1931.

STEINHÄUSER¹ tested the relative time in seconds taken by customary strengths of a number of spermaticidal substances to kill the spermatozoa: a few from his results were as follows:—

4 % Boric acid	killed in	8–10 seconds
3 % Formalin	„	25–30 seconds
Sublimate (1 : 100,000)	„	10–15 seconds
Distilled water	„	10 seconds
Ordinary tap water	„	10 seconds
Semori	„	15 seconds
Patentex	„	15 minutes

The full table should be studied by those interested in chemical reactions for vaginal use.

The work of BAKER was done principally with guinea-pig spermatozoa. In some respects it is in conflict with that of STEINHÄUSER; and also in direct conflict with clinical results on a large scale, when he says “one-tenth of a pessary of

¹ STEINHÄUSER (1922) quoted by DR. L. FRAENKEL (1930) in “Sterilisierung und Konzeptions-verhütung,” *Archiv f. Gynaekol.* Band 144, Heft 1, pp. 86–132. Berlin 1930.

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semori or speton is much more spermicidal than a whole pessary of quinine or chinosol.¹

As lengthy extracts from this article by BAKER were promptly reprinted in pamphlet form and circularized for trade purposes by contraceptive traders to the medical profession, a certain "boom" in semori resulted, to the detriment of numerous women who trusted it and found it fail them, as our clinical experience points out we should expect, for it is non-greasy. Unpleasant though grease may be there is not a particle of doubt in my mind from knowledge of the actual experiences of real women (not guinea pig sperm in glass dishes) that of the chemical contraceptives available it is the *greasy* or *clogging* ones which are the most reliable. (Next to grease, jellies have the next-best clogging effect.) Thus Baker's test of the *chemical* as distinct from the *vehicle* and the *environment* leads to results which may be purely misleading if applied directly to clinical problems.

I think it is quite possible that honey (as used for this purpose thousands of years ago in Egypt, see p. 256) may be as effective as grease, but I have not felt justified in urging the necessary large numbers of women to test it. As I stress the "clogging" capacity of the effective contraceptive I am at variance with DR. BAKER who demands as one of the features of his "Ideal chemical contraceptive"

¹ JOHN R. BAKER, M.A., D.PH. (1929): "The spermicidal powers of chemical contraceptives. I. Introduction and experiments on guinea-pig sperms." *Journ. of Hygiene*. Vol. 29. No. 3. pp. 323-329, pl. II. Dec., 1929. Cambridge.

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that among its qualities "(9) It should form a dense foam of small bubbles within the vagina, to carry the spermicidal substance to all parts."¹

By 1935, however, he has already once more changed his position² and dropped the "foam" recommendation.

DR. BAKER'S second paper, though I disagree with its main recommendation just quoted, is less useful to the trade and more scientific than the first part. He describes meticulously his technique for testing chemical substances, and grades them according to their killing concentration. Like STEINHÄUSER he places mercuric chloride in the first grade of "most spermicidal substances." He worked with $\frac{1}{256}$ per cent., but STEINHÄUSER used a strength of 1 in 100,000 which killed in 10 seconds. Curiously enough distilled and ordinary tap water kill in exactly the same time!

Dr. Baker is at sea over the clinical facts concerning the substances with which he works and even says (p. 200) "The extreme spermicidal power of mercuric chloride is of academic rather than practical interest, for no one would include such a poisonous substance in a pessary." He should have referred to any edition of my book wherein actual examples of such prevalent folly were exposed and deaths from the use of corrosive sublimate and its regular use as a vaginal douche were

¹ JOHN R. BAKER, M.A., D.PH. (1930): "The spermicidal powers of chemical contraceptives. II. Pure Substances." *Journ. of Hygiene*, vol. 31, No. 2, pp. 189-214. April 1931, Cambridge.

² JOHN R. BAKER (1935): "The Chemical Control of Conception." Pp. 173, illustr. London, 1935.

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recorded. Yet he and a Research Committee including Lord Horder sponsor suppositories containing phenyl mercuric acetate, traded as "Volpar," very actively pushed by a commercial firm. These got a tremendous advertisement in the columns of the *Lancet*. They violate the basis of elementary essentials and lay down for substances fit for clinical use as contraceptives. At the C.B.C. Clinics we hear innumerable complaints from women who have used them.

I have steadfastly pointed out the importance of keeping the medicaments for the vagina as bland and innocuous as those to be used in the mouth.

In my opinion the most useful direction for research work on chemical suppositories would be to develop a substance which has the *clogging* qualities of grease without its effect of soiling linen and being generally messy. Glycerine hastily suggested by some and adopted by others will not do as its dehydrating effect on the excessively sensitive tissues of some women is disastrous. And jellies (see p. 133) are not quite satisfactory. I have found nothing to approach olive oil or low melting point cocoa butter in bland safety and reliable effectiveness.

American technique has considerably favoured the "antiseptic pastes." They are made apparently on the principle that if you put in enough ingredients some or other of them will achieve your object for you. According to KONIKOW¹ "an antiseptic paste is a soft mass made of gelatine, glycerine, starch,

¹ DR. ANTOINETTE KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xi, 245. New York, 1931.

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agar-agar, or Irish moss which gets its antiseptic character from admixture of boric acid, lactic acid oxyquinoline sulphate or other mild acids or antiseptics." An immense range of such preparations are sold at high prices under various trade proprietary names. Some rely only on a weak acid, such as lactic acid, and tend to fail. As DR. KONIKOW says "Acids introduced into the vagina are buffered down, principally by the spermatic fluid, so that the miraculous demise of the spermatozoa in vitrio [*sic*] is not duplicated in vivo." Chemical examination *in vitro* has been systematically undertaken by VOGÉ¹ who describes large numbers of commercial and proprietary contraceptives.

Re *Chemical Substances* in general FRAENKEL² concludes on lines much the same as my own, that in whatever form these chemicals are applied they are not reliable *alone* but only as supplementary to some mechanical barrier. The chemical intended as a spermicide is introduced into the vagina in various ways. Most of the important ways are tabulated below with a few notes about each.

(12) Quinine compounds in a variety of forms.

Of all the chemical substances used as spermicides, for the last 50 years undoubtedly quinine has been in most general use. This is all the more curious as its common name is "Jesuits' Bark" (see the *Times*, 23 Oct., 1930). It has been and still is applied

¹ CECIL I. B. VOGÉ (1933): "The Chemistry and Physics of Contraceptives." Pp. 288. Illustr. London, 1933.

² DR. L. FRAENKEL (1930): "Sterilisierung und Konzeptionsverhütung." *Archiv f. Gynäkologie*. Heft 1. Vol. 144, pp. 86-132, see p. 116. Berlin, 1930.

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in a variety of ways for contraceptive purposes. It does not appear to have any peculiar virtues for the purpose however, and its consideration at some length is merely necessitated by its excessively widespread use over such a long period, and the fact that so many people still have an almost superstitious trust in it.

(12a) Quinine as a powder.

The injection of powdered quinine compounds is not very generally favoured owing to the difficulty of distributing it suitably in the vagina, although it can be used, and is injected with a special form of syringe. It is used in this form particularly when combined with a sponge, the powdered quinine being well rubbed into the sponge.

Incorporated with some other substances, particularly in the form of a small soluble pessary, it is so much more practical and convenient that there seems no reason why the powder should be used at all, except by those who dislike the grease of the pessary.

Owing to the difficulty of inserting the powder, it is sometimes enclosed in capsules to be inserted in the vagina; but the method is not particularly reliable as the powder does not get well distributed.

(12b) Quinine as an ointment.

Quinine mixed with fatty bases or mixtures of glycerine, starch, agar-agar and other suitable media and in the form of ointments are prepared, and sold by chemists for the special purpose of use during coitus. Such may be smeared thickly on an

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ordinary sponge or on a pad of cotton wool. They are also used for surrounding the caps (see p. 179) and for smearing over them, or over the cervix. It should, however, be noted that the use of grease tends to rot the rubber. The use of ointment is a matter of individual choice, some relying upon it and finding it satisfactory, others, like myself, never making use of it at all. In the last few years jellies have tended to replace ointments (see p. 133).

(12c) Quinine as a pessary or suppository contained in a matrix of low melting point, such as cocoa butter or gelatine.

The commonest form in which quinine is used is as a vaginal suppository in which quinine sulphate, usually with salicylic acid, quinine salicylate, or other form of quinine, are included in a small quantity of cocoa butter (see formulæ p. 121). The form of suppository is generally that of a flattened, ellipsoid cone, rendering insertion easy, and cocoa butter is used because of its very low melting point. The use of such suppositories is widespread. They appear to have been first made by MR. J. RENDELL, who had a chemist's shop in London in the early eighties, and got the idea through SIR J. G. SIMPSON's recommendation of medicated pessaries. Such makes as "Rendell's Wife's Friend" have a long tradition for reliability. Their convenience is great, as they can be slipped in unobtrusively at the last few moments before coitus takes place. Their advantages are thus many.

The millions of these suppositories which have been used are in a sense their best testimonial, both

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of convenience and of security, though, of course, where the seminal fluid is at once aspirated into or injected into the uterus itself there must be inevitable failures, as in cases liable to coital interlocking (see p. 235). A good many failures have reported to me among those who use Rendell's alone without a cap. Although announcements are made by individuals from time to time to the effect that the makers of these articles are in league with the anti-birth-controllers, and make individual pessaries that contain no quinine, such statements have never been authoritatively substantiated, and in my opinion they are deliberately spread by opponents of birth control. I have traced a variety of these rumours to earth and never yet found them to be substantiated. I have questioned the biggest and most reliable manufacturing firms closely, and have their absolute assurance that no such thing is true or has been attempted with any recognized makes. The chemical composition of a range of commercial contraceptives has been demonstrated by DR. VOGÉ to whose book reference should be made.¹

A certain type of opponent of contraception accuses quinine of a variety of harmful effects; and as the statements are oft-repeated, it may be useful to remember the pronouncement of SIR FRANCIS CHAMPNEYS, BART., M.D., who is not by any means an advocate of contraception,² in cross-examination by the Birth Rate Commission. To the question:

¹ CECIL I. B. VOGÉ (1933): "The Chemistry and Physics of Contraceptives." Pp. 288. London, 1933.

² Report of the National Birth Rate Commission: "The Declining Birth Rate." Second edition. London, 1917. Pp. xiv, 450.

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"Do you consider soluble pessaries harmful?" he answered, "I believe the common ingredient is quinine, and I do not believe that does any physical harm whatever." Continuing, he said: "As regards the direct effect of quinine pessaries, I have never seen a case in which I thought that any damage had been done."

As already noted, it appears to me that the quinine is by no means the only thing that gives security, and that the quantity of grease is sufficient in itself to be a fair safeguard even if there were no quinine to secure immunity. See also the paper to the Sex Reform Congress.¹

There are many formulæ for such suppositories, and some contain quinine only, others a mixture of chemicals. An American medical practitioner recommends the following:—

Salicylic acid	..	0·15	parts by weight	} In each sup- pository
Boric acid	..	0·70	" "	
Quinine (alkaloid)	0·07	" "	" "	
Cocoa butter	..	5·00	" "	

I think this formula needlessly difficult to weigh out.

A formula devised by another American practitioner for use by his poor patients who desired to make the suppositories themselves, is as follows:—

Cocoa butter	..	..	..	..	¼ lb.
Borax	..	..	..	..	5 dr.
Salicylic acid	..	..	..	..	1 "
Quinine bisulphate	..	..	..	..	1½ "

¹ MARIE C. STOPES (1929): "Birth Control." Proceedings of the Sex Reform Congress. Pp. xl, 670: see pp. 105-108. London 1930.

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would not apply to me, but in twenty-four hours I had exactly the same feeling as I had when I'd taken quinine internally and a distinct quinine head; it worked off in about another twenty-four hours or so, and I was again quite all right again, but the very next time I had the pessary I was exactly the same in just the same length of time, and I've tried it at least a dozen times to test it in the hope that I might throw it off, but with always the same results."

A quinine suppository can also be made by mixing *quinine with gelatine* instead of cocoa-butter. These have the advantage that they have not the objectionable effects of the greasy pessary in their contact with linen, but the gelatine, although pleasant to use, at the same time is much less reliable, for, being non-greasy, it has not the same inhibitory effect on the activities of the spermatozoa; so that quinine and gelatine are less reliable than the same amount of quinine in cocoa-butter. They may be made to the formula:—

Gelatine	..	..	..	..	1 part.
Glycerine	..	..	..	..	5 parts.
Quinine, as bisulphate hydrochloride					
or hypochlorate	..	..	..	..	$\frac{1}{2}$ part.
Water	..	..	..	..	2 parts.

But I do not advise the gelatine suppositories as they often fail. In spite of failure they are often advised by medical practitioners in recent years.

The smell of cocoa-butter being extremely repul-

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sive to some people, it is useful to know that it may be obtained in a scented form, but a pessary has recently been devised where the cocoa-butter is replaced by a low melting point non-odorous fat, which has all the good qualities of cocoa-butter without its odour.

Comment.—The soluble greasy quinine pessary, properly made and used, is in general harmless, easy to use and reliable in most cases. Those who have personal idiosyncrasies, abnormality or even specially well adjusted coital union, may not find them suitable, but should ascertain these facts about themselves and use other methods. In a general way greasy pessaries are certainly one of the most useful contraceptives. But all these advantages are achieved by other chemicals in a cocoa-butter suppository, by which the disadvantages of quinine are avoided, while there may be the further added advantage of using one with a disinfectant capacity.

(12d) Quinine in one form of solution or another dissolved in oil or mixed with glycerine jelly which is injected in a small, specially constructed syringe or introducer.

Quinine in various forms of solutions and mixed with other substances and oil may be inserted before coitus with a special introducing syringe which distributes the quinine over the vagina. There are many varieties of such syringes specially designed for the purpose by surgical instrument manufacturers and chemists.

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Comment.—Though I know one or two individuals who use for choice syringes to introduce quinine contained in oil, anything in the form of apparatus or complicated procedure at the time of coitus appears to me to be psychologically so unsatisfactory, that were the method otherwise satisfactory (which it is not) it stands condemned for general use.

(12e) Various Suppositories or tablets containing quinine with other chemicals.

Quinine with or without various other chemical substances, are made up in a variety of forms of pastilles, large tablets or suppositories of various sorts. Many of these are patented under proprietary names, and much is claimed for several of them.

At some of the Clinics, "Quinine in the form of the hypodermic tablet of quinine and urea hypochloride (gr. 2) Parke Davis, is most often advised. This tablet is inserted above the cap, [see p. 176] so that the cap holds it in position against the Cervix."¹

I understand, however, that it is not proving very satisfactory and a return to a greasy suppository is being made.

(13) "Foaming" or effervescing suppositories.

Effervescing suppositories or tablets are much advocated by some commercial firms which circularize

¹ Appendix, UNSIGNED, (1928) in "International Medical Group for the Investigation of Birth Control." Second issue. Pp. 35. London 1929.

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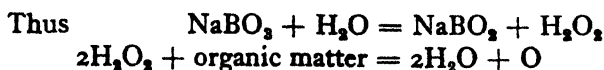
the medical profession in England with imposing testimonials from European medical practitioners. There are several British and American makes of effervescing tablets, but the majority of them come from Germany. They have an increasing vogue among fastidious women for two main reasons:—

1. They are cleaner than grease and do not soil linen as greasy suppositories may do with some builds of women.

2. They have been exceptionally skilfully lauded and vended.

Many of them are supposed to “foam” by the generation of CO_2 in such quantities that it shall penetrate every crevice of the vaginal canal; or to make a “plug of foam” in the cervical region; or to release hydrogen peroxide in the process of decomposition, which yields oxygen.

DR. W. J. ROBINSON gives the following account of one type:¹ “when sodium perborate is used, the substance formed is hydrogen dioxide or peroxide of hydrogen, which in contact with organic matter yields oxygen.”



“A very efficient tablet is one containing as its principal ingredient dichlorysulphamido benzoate which on decomposition yields nascent oxygen.”

DR. ROBINSON and others appear to me to be unduly optimistic. One reason why such apparently ideal

¹ W. J. ROBINSON, M.D. (1929): “Practical Preconception or the technique of birth control.” Pp. v, 170. Hoboken, U.S.A., 1929.

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contraceptives so often fail is the natural lack of vaginal moisture, but there are many other reasons.

Among *foaming* tablets "Bircon" may perhaps be taken as typical. It is sold in small compressed tablets, each dry and odourless. When placed in the moisture and warmth of the vagina they are said to (and often, but not always, do) "foam up" and "penetrating every recess of the vaginal passage" kill the spermatozoa. They are described by the traders marketing them as containing "Chinosol and zinc sulpho Carbolate with a Sodium Bicarbonate base, and other suitable antiseptics and deodorants." They dissolve with effervescence in distilled water.

"Semori" is a German trade product which comes with testimonials from Continental medicals. It is packed in small, dry, odourless tablets. It claims that it has a high reputation among medical practitioners. According to the description of its makers "Semori" is said to consist of sodium bicarbonate, tartaric acid, boric acid and "a very virulent, odourless and non-staining compound of the Chinosol class." On insertion into the vagina "a froth of carbonic acid is produced, which penetrates into the folds of the mucosa, carrying with it the liberated germicidal agents. This mass of froth simultaneously becomes lodged in front of the uterine orifice obstructing it . . . an undisplaceable 'froth pessary' is thus produced, which automatically assumes the correct position."

The optimistic vendors explain that when there is a reduced vaginal secretion the tablet must first

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be dipped in water, and that when there are cervical lacerations *two* tablets must be used each time; there is no attempt to offer a scientific or indeed any explanation of this curiosity of technique. "Semori" was one of the substances advertised by DR. BAKER'S investigation and his eulogy was promptly circulated by the trade with a quotation, leaving out the name of its trade rival which BAKER found had an equal effect on guinea-pig sperm.

"Speton" is another foaming tablet from Germany quoting the same identical sentence as the above in DR. BAKER'S report in its own praise, but leaving out in turn the name of its trade rival. Its makers claim that it gives off *oxygen*, "which entirely destroys spermatozoa"—or at least renders them incapable of further movement. It, like "Semori" is extensively endorsed by continental medicals. It is stated by its makers to consist of "dichloro-p-sulphamido-benzoate dioxysuccinic acid and sodium bicarbonate" in later pamphlets, but DR. BAKER¹ and earlier pamphlets give a different formula for it.

It is reported by its makers to give security for 60 minutes. This, of course, is not nearly long enough to meet the requirements of women in ordinary circumstances who want a protection covering the whole night so as not to be disturbed either before or after the act of union. BAKER found this had an effect on guinea-pig sperm equal to that of Semori and greater than either Chinosol or quinine.

¹ JOHN R. BAKER (1929): "The Spermicidal Powers of Chemical Contraceptives, I," pp. 323-329. *Journ. Hygiene*, vol. 29, No. 3. Dec. 1929, Cambridge.

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Speton was one of the most widely advertised of all contraceptives: I never heard of any woman using it for any length of time as is recommended in its own brochures. I have heard of many "failures" from its use. It has now changed its name.

"Bymeston" tablets are another variety of foaming tablet, made for use with the "Bymeston" occlusive cap (p. 172). They are said to be "non-irritant" and "a powerful antiseptic."

The makers of other "foaming" tablets such as the German "Agressit" (which are used as foamy tablets in the vagina) advise that after union a tablet should be dissolved in water and the vagina douched therewith. It is said to contain N. chlor-cyclo-heptatriene Potassium sulphamide and to produce chloride of hydrogen and free oxygen in the vagina.

Water soluble tablets have some very obvious *theoretical* advantages over others as they obviously are more readily miscible with the mucous secretions, and as they are proving satisfactory in the problems of venereal infection a number of people are jumping to the conclusion that they should be better contraceptives than those in a greasy base. But this is not supported by experience, for all the water-soluble and foaming tablets have too many records of failure against them. It cannot be too clearly emphasized that the best germicide is not necessarily the best spermicide when considered *clinically* and not merely in theory or *in vitro*.

Re Tablets in general DR. KONIKOW¹ states: "The

¹ DR. ANTOINETTE KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xiii, 245. New York 1931.

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tablet requires moisture to dissolve and if this is not present may obtain it by dehydration of the vaginal mucosa. The strength of the solution starts at saturation and this is often injurious to the tissues. The effervescent ingredients cause a definite burning sensation during their interaction, particularly at the vaginal orifice."

"The deeper tissues are less sensitive, but may, nevertheless, be injured. Until statistics are available on this point I cannot advise the use of tablets."

They have never been advised at our clinic or by me personally. Scattered evidence from other sources all points to their unreliability.

"Permfoam" is a foaming jelly supplied in a double metal case, with a narrow metal nozzle for insertion: its method of application is highly dangerous and is very strongly condemned by members of the C.B.C. Medical Research Committee.

An American "Foam powder" for popular use is described by Dr. Dickinson¹ as consisting mainly of Duponol. This, with starch and paraformaldehyde has been spread in India by Margaret Sanger's group. Himes² discusses it and points out some of the objections to its use in his new book.

(14) Gelatine Suppositories.

In an effort to improve upon the greasy suppositories which have so long held the field since their

¹ R. L. DICKINSON: "Control of Conception." Pp. 390. Illustr. New York, 1938.

² N. E. HIMES: "Practical Birth-Control Methods." Pp. 248. Illustr. London, 1940.

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invention in England in 1880, and because grease has undoubtedly a deteriorating effect on rubber as well as being distasteful to some users, gelatine suppositories have been prepared in considerable variety.

Some people find, however, that gelatine and glycerine are unpleasant to use. There is also no doubt at all that the degree of security offered by gelatine or glycerine is less than that offered by grease. In spite of this there is now a large sale for various brands of gelatine suppositories; and as I have received a good many inquiries for formulæ, I give the following from DR. KONIKOW¹ which she describes as being made up with "boro-glyceride" and which she reports take twenty minutes to melt, being ineffective unless melted. She states the Chemicals used are as follows:—

Quinine	..	..	..	1 to 3 per cent.
Boric acid	..	..	..	3 to 4 " "
Salicylic acid	..	..	..	1 to 2 " "
Oxyquinoline sulphate		..		$\frac{1}{10}$ to $\frac{1}{2}$ of 1 per cent

Almost any conceivable varieties of content are placed on the market at prices up to 1 dollar 50 c. (that is 6/- approx.). But I see no good scientific reason why anybody should make or supply gelatine or glycerine suppositories.

(15) Lactic Acid as a "cream" etc. or in tablets or suppositories.

From 1918 onwards when I advised the use of weak vinegar and water in preference to stronger

¹ DR. ANTOINETTE F. KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xi, 245. New York 1931. See p. 53.

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chemicals¹ weak organic acids have come into increasing favour. The use of lactic acid has been suggested by various doctors, and is supposed to have the special virtue of a close similarity to the acids native to the vaginal canal. Recommendations have been repeated in a variety of quarters for use in different ways as a douche, as suppositories and so on, and a medical man has placed on the market a large round suppository of a "creamy" nature, which slowly releases lactic acid over a period extending to a good many hours.

I am only acquainted with three married women who have used these suppositories, all of whom have found the drawbacks greater than the advantages. Moreover, the acid must be strong enough to cause smarting to be of any use as a contraceptive.

DR. WINTER giving evidence about the Wolverhampton Clinic² said "the lactic pessary has been tried in many cases, and they find that it is satisfactory only for a short period."

(16) "Jellies" and Pastes for injection from tubes, syringes, or used as ointments with caps, etc.

Jellies of various sorts are increasingly used at some clinics, especially in America. DR. W. J. ROBINSON considers jellies as the best form of chemical contraceptive, and he says, "It makes little

¹ M. C. STOPES (1918): "Wise Parenthood, a Practical Handbook on Birth Control with an Introduction by Arnold Bennett." 16 Ed. Pp. xix, 83. London 1930.

² DR. WINTER (1927). Evidence in "Medical Aspects of Contraception, being the Report of the Medical Committee Nat. Council Public Morals." Pp. xi, 183, see p. 94. London 1927.

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difference what antiseptic or acid is used in the jelly, quinine, chinosol, boric acid, lactic acid, salicylic acid, etc. In my opinion a jelly containing boric acid, chinosol *and* lactic acid is the best.”¹

Of pastes perhaps the best known is “Patentex,” a German patent paste which has been supplied for over twenty years with printed recommendations from continental M.Ds. Its claim is that it has “succeeded in combining a precipitant with a non-toxic disinfectant in such proportions as to compose one effectual contraceptive.” . . . “With the combination of an albumen precipitant and a disinfectant in a soluble basis which blends with the internal secretions.” It is supplied in metal tubes with a glass nozzle for insertion into the vagina when a “turn of a key” deposits the paste near the cervix immediately before the act of union when it is said that “it acts for the next hours as a sure safeguard against conception” without douching afterwards.

As reported in DR. FRAENKEL’S paper (see p. 113) DR. STEINHÄUSER found that it took 15 minutes as against the 15 or even 5 seconds required by some other contraceptives to act effectively on spermatozoa.

“Nefi” is a German jelly which is to be applied to the cervical region with a small glass syringe and plunger. It is claimed that it at once coagulates albumen and that it contains, among other things, glycerine and chinosol. It is to be applied before union and the effect is supposed to last for some hours.

¹ W. J. ROBINSON (1929): “Practical Preveception, or the technique of birth control.” Pp. v, 170. Hoboken, U.S.A., 1927.

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English "jellies," follow the continental ideas, *e.g.* "Contraceptalene" a lactic acid jelly in a collapsible tube, supplied also with a glass nozzle for application direct to the cervical regions. NORMAN HAIRE, M.B., says of such a jelly "It is the best chemical contraceptive I know, but I do not regard it as thoroughly reliable if used alone."

This sentence may, of course, be applied to all makes of jellies whatever the country of their origin or their chemical composition. They are chiefly recommended for use with Dutch caps.

"Dr. Baxter's patent" (now called K.P.O. or S.O.S. jelly) was brought to me before it was patented (it is No. 140282, 1920, Patent Office Specification) and I did not then and I do not now approve of it. It has all the psychological disadvantages of a douche, and its metal construction is such that it is certainly beyond the ordinary, rather stupid person's powers to cleanse it satisfactorily. It is now recommended in trade catalogues by the so-called "Dr. Courtenay Beale."

Most of the jellies nowadays combine glycerine, Boric acid, chinosol and some mild acid such as acetic or lactic acid, with glycerite of starch or Irish Moss. Their trade names are legion. They are much used in America where (I think undue) reliance is placed on them. DR. HANNAH M. STONE¹ whose experience and sympathetic personality especially fit her to understand the varied problems of a birth

¹ HANNAH M. STONE, M.D. (1928): "Therapeutic Contraception." Pp. 1-18. Reprinted for the *Medical Journal and Record* March 1928. New York.

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control clinic gives proximate analysis of several proprietary jellies used at the Clinic she advises in New York. She adds "On account of the proprietary character of these jellies and the uncertainty of their exact composition, it was thought advisable to introduce and utilize one of a definitely known formula."

This was made up as follows:—

Lactic acid	..	..	..	1.0 per cent.
Boric acid	..	..	..	10.0 „ „
Glycerite of Starch	..	..	..	q.s.

DR. STONE accepts my view of the "clogging" value of a contraceptive (see p. 139) and notes that "The efficiency of a contraceptive jelly depends upon its physical properties as well as upon its chemical action."

I think it is necessary now to point out explicitly, what I have thought self-evident—that grease has a very much greater capacity to *spread* in a film than has glycerine or jellies, and hence, although the *in vitro* test of "clogging" by glycerine or jelly and grease may be comparable, they are not comparable when in vaginal use, the grease affording a much better distributed film and consequently a much greater degree of protection.

(17) Greasy Suppositories without quinine, the RACIAL the Chinosol and others.

Although the cocoa-butter and greasy suppository containing quinine, which has been so widely popularized by commercial firms, is quite harmless to the majority of people and a very useful contraceptive

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(see p. 117 *et seq.*), and has even been specifically recommended by LORD DAWSON and other medicals, nevertheless, many years ago I found from personal experience that it always made me sleepless. (Incidentally this was the first clue I had to the idea, since confirmed, that the vagina had the power of absorption.) This personal experience made me alert to study the effect of quinine in others, and when the early editions of "Wise Parenthood" appeared I had already accumulated some cases of women who found the quinine suppository over-stimulating, irritating, the cause of sleeplessness, or indigestion or local soreness. Also a few men found it irritating to the glans penis.

Further experience with large numbers of people at the Clinic has confirmed this, and I should estimate roughly that the number of people finding some such minor disadvantages in the use of quinine is probably about five per cent. of the average public. It seemed wise, therefore, to replace quinine in the greasy suppository. From this point of view I have considered a variety of possible chemicals. Salicylic acid and other substances have long been used in combination with quinine or by themselves, as in the formulæ given on pp. 121, 124, but about 1927 I came to the conclusion that chinosol was simpler and better than any other which we had tried. A greasy suppository composed only of cocoa-butter and chinosol proved satisfactory. I mentioned this widely and trade firms began putting such suppositories on the market. Then came complaints of irritation caused by some trade brands. It ap-

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peared that too much chinosol had been used. The maximum strength advisable appears to be 2 grains of *European*¹ chinosol per suppository. At this or less strength they are universally harmless. The American brand being stronger the amount used should be much less.

Efforts to get the exact chemical analysis and pictorial formula of Chinosol proved that the chemical nature usually attributed to it by medical practitioners using it such as DR. KONIKOW² and others,³ was at variance with the data supplied to me by expert University chemists. Chinosol is the trade name of a German proprietary substance registered for pharmaceutical, veterinary, and other purposes. We found, therefore, by using Chinosol we were in a position only to take what was supplied to us and that by my recommendation of it in former editions we have been giving a gratis advertisement to a German trade product, and we long ago ceased to use it for our Society's suppositories

¹ I have been pursuing the practical details of the use of "chinosol" as a contraceptive and find it full of contradictions and intricacies, but learn just as this is in proof and passing through the press, one secret of the conflict between the Americans and the British as regards formulæ and quantities. A distinguished scientific chemist informs me of a difference between the American and the European "Chinosols" which seems to me to be of vital importance to physiologists and perhaps to account for a good deal of the existing contradiction. I propose to publish some notes on the matter later on.

² DR. ANTOINETTE F. KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xiii, 245. New York. 1931.

³ JOHN R. BAKER (1931): "The Spermicidal Powers of Chemical Contraceptives." *Journ. Hygiene*, vol. 31, No. 2. April 1931, pp. 189-214, see p. 191. Cambridge 1931.

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covered by the special brand named RACIAL. (See Appendix p. 449.)

The RACIAL suppository contains *no* quinine and has the further advantage that it is bland and non-irritating both to the man and to the woman, so that it is universally safe and harmless to use. In addition it has some disinfectant value, and, therefore, its use a positive advantage in a good many instances, particularly among the poorer class of women now urgently needing contraceptive information, so large a proportion of whom suffer from some discharge, or live in rather unsanitary conditions, where the use of a mildly cleansing suppository is all to the good.

The Racial suppository is manufactured for our Clinic in a convenient shape and in two sizes, the one preferred being one smaller than the usual trade quinine suppository. Many people prefer this, for the ordinary English suppository releases what, for many women, is an excess of grease. The average woman finds the amount of grease in the new Racial suppository sufficient; those requiring more can safely use two. The smaller amount of grease is also advantageous to the majority of men, a good many of whom have an objection to the quinine suppository because of its over-lubrication, particularly for use with women who are somewhat stretched in the ordinary way.

Of the really poor who come to the Clinic, many cannot afford the repeated expense of the ordinary suppositories. So that our Committee's provision of cheaper ones has been a real asset to the work of

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reaching the *poorest* class where C₃ children are a burden on the State.

With reference to Greasy suppositories in general whatever their chemical content, in my opinion their main value lies in the cocoa butter itself. It is important that it should have a very low melting point to be effective. Some makers sell cocoa butter suppositories which melt too slowly to be reliable because grease of a too high melting point has been added to them. Suppositories "specially prepared for the tropics" by commercial firms, ignorant of the fact that the body temperature is not also raised, may retain their shape in hot climates, but so do they internally and are therefore rendered unsafe as contraceptives. After years of effort we have at the Clinic at last got a *low* temperature melting greasy soluble coated with gelatine which resists heat until it is dipped into water just before being inserted. These are called "Clinocap tropical solubles" and should prove a boon for transit to hot climates and for use in this country in the hot months. The best greasy solubles melt a little over 90 degrees and are therefore difficult to handle in hot weather unless specially coated in this manner.

(18) Plain Olive Oil.

Experience now extending over approximately ten years of its use at the C.B.C. Headquarters and Travelling Clinics has shown that plain Olive Oil, with no chemical or medicament whatsoever added, forms a most useful and in some respects the very best contraceptive available.

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I was led to try it for two reasons, (1) the necessity of finding something very cheap, something which avoids the gross profiteering and the impositions on their customers which are almost universally associated with any trade article required for contraceptive purposes; (2) to investigate what I had long suspected, (a suspicion which was amounting almost to a certainty by that time) that the chemical, spermicide, disinfectant, or whatever it was which was included in the contraceptive suppository, was, (so long as it was harmless and did not burn or poison the patient) practically a negligible factor when the vehicle containing it was greasy and that it was the grease itself and not the chemical which was the effective guard for the woman. Accumulating evidence seems to be proving that this is true, for plain Olive Oil applied by the easy method of the sponge squeezed out in oil has proved absolutely reliable in a very large number of cases where it has been tried. Olive Oil is also extremely accessible, available almost anywhere and at any time without special purchase, which is a factor of great importance to women living in small communities, villages or districts where busybodies are rife or where making purchase by post seems either troublesome or is actually too expensive a proceeding. It is of no practical use to recommend a medicament which these women cannot purchase over a counter easily in their own districts.

The oil and sponge too is proving of the utmost value in remote districts away from civilization such as the backwoods of Canada, the villages of India and

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Africa where the women are absolutely out of reach of medical and expert help in these matters and where they must rely on easily obtainable material.

I have stated already as a general rule that any substance to be recommended for general vaginal use should be one which it would be safe (though perhaps not pleasant) to use in the mouth and this rule applies also to the use of oils. Cotton Seed Oil is cheaper than Olive Oil and for the extremely poor where a halfpenny or a penny on a purchase is a serious matter, a sponge soaked in Cotton Seed Oil has proved satisfactory. For use in India and other remote districts I have recommended on a number of occasions the local cooking oil—that is to say any bland or neutral oil, not of course Mustard Oil or any irritating oil.

Contraception achieved by such simple and domestic means may not appeal to the advanced medical specialist, nor is it suggested that it should be advised in Harley Street, but medical missionaries and those who came into direct contact with a degree of poverty and misery almost inconceivable to those who dwell amid the comforts of modern civilized cities, may be glad to know of such simple and direct means which prove effective, and which necessitate almost no outlay on the part of those whom they advise.

Many have demanded a “fool-proof method of Birth Control” and I think I am hardly exaggerating when I say that a sponge soaked in cooking oil (with the excess of oil squeezed out) is a fool-proof method if the sponge is the right size and shape. (For which see p. 166.)

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Olive Oil may also be used before union injected with a small bulb-syringe although this should not be relied upon as a complete safeguard by itself, for some covering is required over the cervical canal. (See p. 235.) Yet it leaves a useful film of grease over the vaginal folds, and does away with the necessity of douching after coitus when removing a cap.

(19) Alum in powdered form.

What has been said above (p. 163) in regard to quinine powder applies in the main also to powdered alum. The interest of alum is twofold. In the first place it is one of the oldest of spermaticides; and in the second it has accessory virtues which are particularly valuable for women who have become too much stretched and relaxed through childbirth. Alum has the secondary quality of contracting the mucous membrane of the vagina, which sometimes is of value in restoring perfect sex relations. Where the vaginal canal has been unduly stretched by childbirth the natural reactions of the coital act are sometimes thereby so much interfered with that the husband ceases to feel satisfaction from coitus with his wife. Alum, having a contracting effect, tends to restore the canal to its antepartum condition and I have even been told in the East that it is possible to restore it to approximately the virginal state.

It must be used with discrimination for it would tend to have an excessive hardening and drying effect if used too frequently. I do not know of any English woman who uses it as a spermaticide in this

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powdered form. Whether this is because the public does not know of its possible use, or from experience of any detrimental effects, I cannot yet ascertain; but I should judge that it is chiefly through ignorance of its efficacy and subsidiary value. In the form of an aqueous douche it is, of course, often prescribed by practitioners for leucorrhœa, but its effect is then somewhat different, but even so is liable to cause some inconvenience if much used owing to its drying of the tissues, which should naturally be moist.

DOUCHES: IN GENERAL

The habit of douching is one of the three most commonly advocated methods of birth control, and even in spite of the variety of its inconveniences and disagreeable characteristics, is still undoubtedly much used, and often recommended by medical practitioners both in private practice and at the Clinics following the "Walworth technique." This is doubly to be deplored, for not only is douching harmful in itself, but as those advising it have had to acknowledge it is impractical for the type of patient they are organized to reach, so often the patient finds it "impossible to attend to the douching in her overcrowded little house, or she was too weary to take the trouble."¹

Innumerable vaginal douches are on the market—

¹ Third Annual Report of the Cambridge Women's Welfare Assoc. Birth Control Centre, President, Sir Humphry Rolleston, Bart., M.D., see p. 6. Cambridge 1928.

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a number of them patented. The old-fashioned douche-can or bag, which depends on the downward flow of water when it is hung on a raised nail in the wall, is still considered the best, but is now popularly discarded in favour of a compressible rubber douche. This gives a good whirling spray of solution penetrating to the end of the vaginal canal and calculated to lave the interstices of the vaginal corrugations.

The douche has been repeatedly recommended by those advocating what are called "Malthusian" methods; see, for instance, the "Practical Leaflet," issued for many years by the Malthusian League, and the advice given by DR. J. RUTGERS, of the Dutch Malthusian League, and by DR. G. HARDY, of Paris, and indeed almost *all* the various books and pamphlets advising "Malthusian" methods.

My own book, "Wise Parenthood" (1918) was, I think, the first publication giving general advice on contraceptive methods which specifically advised *against* douching.

Most unfortunately "Birth Controllers" in general have encouraged women to douche daily, or often, "as an ordinary measure of hygienic cleanliness."¹ I most strongly deprecated this in 1918 and the years have taught me an intensified disapproval of douching save as a definite *treatment* for specific disease under medical supervision, and even then quite often I think it is the wrong treatment. I have long thought the effects, both physiological

¹ See for instance the Malthusian League's "Practical Leaflet"; DR. RUTGERS' Dutch Malthusian League pamphlet; also DR. G. HARDY, "How to prevent Pregnancy." Paris.

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and psychological, of douching frequently are very bad, except, of course, in cases of specific disease where douching may be a necessary part of the treatment. In my opinion, all but infrequent douching is to be condemned for all healthy ordinary women. The natural contents of the vagina should not be thus intruded upon. The general effect on the system, particularly of cold douching, is a tendency to catarrh, congestion and other troubles. Frequent douching also has a tendency to destroy the natural secretions and also the normal bacterial inhabitants of the vagina which are of value. It tends further to reduce the sensitiveness of the vagina, and therefore to diminish its capacity to play its normal part in the act of coitus. Various objections to douching on other grounds were made in 1918 by DR. W. E. FOTHERGILL.¹ Most unfortunately a commercial company took up the active exploitation of vaginal douching, and in 1928 and since has had huge advertisements in the popular newspaper press addressed to women. They were invited to get a leaflet "in confidence" and in it even unmarried and even pregnant women were urged to douche frequently with Lysolats. This trade campaign has raged in English-speaking countries (and I believe on the Continent of Europe also) and its teaching, so contrary to the best interests of women, is greatly to be deplored.

The substances added to the usual contraceptive douche may be grouped into two series, (a) ordinary

¹ W. E. FOTHERGILL: "A Clinical Lecture on the Bad Habit of Vaginal Douching," *Brit. Med. Journ.*, No. 2990. Pp. 445-6. 1918.

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disinfectants, and (b) other chemicals which plasmolyse sperm, such as alum solution, soap mixtures, and so on.

Of the disinfectant solutions of one sort or another used by various people some are certainly undesirable, among which I include such substances as carbolic acid, lysol, and other corrosive disinfectants which have been advocated and are still widely disseminated. The injurious effect of such strong disinfectants has not been sufficiently realized, and sometimes even such dangerous substances as corrosive sublimate have been used as a vaginal douche with most serious results.

If for any reason the medical adviser desires the use of a douche as contraceptive in spite of these drawbacks, it should be pointed out that as a spermicide plain cold water is in itself sufficient to destroy the activity of the sperm, though cold water is bad for the woman, as it chills her, and that only the safest and most harmless solutions should be advised for use by the ordinary uneducated woman. In particular, only solutions should be advised, which if absorbed (as they undoubtedly partially will be) by the vaginal walls, will do no harm to the system. Common salt, diluted vinegar, weak alum and water are all quite sufficient for the purpose if a douche is demanded. Patients cannot be trusted carefully to dilute the solutions as ordered, indeed their mentality often results in the use of a double or treble strength "to make more sure." Hence any substance which is dangerous undiluted is wrong for use as a contraceptive douche. My "slogan" for

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douching is "never advise for the vagina what you dare not allow for the mouth."

To the douche in any form in addition to the objections mentioned above, there is the very important psychological objection that both for the man and the woman the use of the douche interrupts seriously the sequence of the completed coital act. If the woman gets up to douche immediately after the coital act (when relaxation and profound rest are demanded) this prevents her natural relaxation and sleep. The processes of the douche coming at this time demand energy, and the sordid procedure of the woman getting up, moving about the room, and so on, have a psychologically destructive effect on both of the married participants in the act. This tends so much to reduce the value of the coital act that in many cases it becomes abhorrent to one or other of the pair. I know of husbands who prefer to go to prostitutes rather than have coitus with their wives followed by the objectionable douching after the act.

In addition to this there is in the ordinary home, when coitus is conducted late at night (as is very usual), very considerable risk of the woman catching an ordinary cold or giving herself an internal chill. And, finally, the douche is by no means a reliable contraceptive, seeing that in the nature of things it must come after the ejaculation has taken place. Its effects can hardly be expected to follow up the sperm after their entry into the uterus. Presumably, often if the douche is at all effective, it is due to local chill and shock, neither of which can be good for the woman. Unfortunately, those who are now

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forced by reason of its ineffectiveness to concede that the douche is an unreliable contraceptive, nevertheless still continue to advocate it as a daily hygienic measure.

Comment.—I condemn douching entirely except for rare and occasional use, or as a definite form of treatment for disease. As a contraceptive measure by itself all douching is unreliable, unwholesome, and psychologically harmful.

In the dozen years since I first published my objections to douching many medicals have given expression to similar opinions. Data from various sources have accumulated, such as PROF. MCILROY'S¹ statement "If the *Bacillus vaginalis* was present in numbers puerperal sepsis was less likely to occur than in those cases where the bacilli were scanty or absent," which strengthens the position of those who advise against all needless douching.

(20) Common salt in solution.

Bearing in mind the disadvantages and drawbacks of douching at all, if a douche is still desired, one of the best things is a solution of common salt. It may be made twice or three times "normal" strength with the specially prepared tablets, but common "kitchen" salt is quite good enough. A tablespoonful to a quart jug dissolves quickly and makes a cheap douche which is quite as effective as any other.

¹ A. L. MCILROY, M.D. (1929): "Pelvic sepsis," *Brit. Med. Journ.*, pp. 231-233, Aug. 10, 1929. London.

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(21) **Vinegar or acetic acid in water, or lactic or citric acid in water** have some uses, and are liked and trusted by some women. They are in line with "nature," both because they can be safely absorbed into the system as they are safely consumed as articles of "food," and also because the natural secretions of the vagina are acid, and such acid naturally disposes of the inoperative sperms. Some women use half and half vinegar and water in which to soak a sponge, which is placed in front of the cervix before coitus, and then douche out with vinegar and water rather more diluted after coitus. The method is a very old one and is widely used.

(22) **Disinfectants of one sort or another in the form of a douche.**

A great variety of disinfectants of one sort or another have been advocated as spermaticides. I think they should be considered under two categories, and those which are (or may be in special circumstances) *dangerous* if used too strong should never be advocated for general use, but should be specially restricted to cases under specific medical treatment. The other group of disinfectants is composed of those which are harmless however strong they may be used. These may be generally advocated when a douche with a disinfectant is desired in spite of the drawbacks outlined on p. 146.

In the first of these two groups, i.e., among those I consider dangerous, carbolic acid and lysol should

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both be included in spite of advocacy by an important authority.¹

Corrosive sublimate, which has often been advised in 1 in 2,000 parts, is very dangerous for general use, and should be given only when disease is present. Deaths are on record² from the use of corrosive sublimate as a contraceptive in the vagina, and I know of ruined health which was induced by regular douching with the corrosive sublimate in solution.

Since my first edition with this warning was published, Holtermann³ has given an account of ten cases of poisoning by corrosive sublimate, which had been introduced in tablet form into the vagina as anti-conceptional, anti-syphilitic or abortifacient measures.

Potassium permanganate (1 in 2,000) is often used as a douche, and is easily made. The recently popular proprietary disinfectant *Chinosol* is liked by SIR ARBUTHNOT LANE and other medical practitioners specially conversant with the problems of the prevention and cure of venereal diseases because chinosol is considered one of the best preventive disinfectants available and it is always wise to combine two useful results from one action if possible. The assistance in safeguarding or reducing the danger of infection however is a secondary feature of the

¹ See, for instance, p. 70 in HANS FERDY (1899): "Die Mittel zur Verhütung der Conception." Seventh ed. Pp. 100. Leipzig, 1899.

² See the case recorded by DR. GIBBON FITZGIBBON, *Lancet*, March, 1918, p. 406. The woman introduced an 8.75-gr. tabloid of corrosive sublimate into the vagina to prevent impregnation.

³ HOLTERMANN, C. (1925): "Ein Beitrag zur Sublimatintoxikation von der Scheidenschleimhaut aus." *Zentralbl. f. Gynäkol.*, pp. 2132-2136. Leipzig, 1925.

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practice of contraception which may often be necessary in individual cases but which is essentially a separate theme.

In my opinion, where other considerations of disease do not complicate matters, and yet a disinfectant douche is desired, the best disinfectant to use is *listerine*. Its accessory properties are most valuable, and it can cause no pain or damage even if used stronger than it is ordered. Indeed, undiluted listerine can do no harm.

(23) Proprietary tablets for douching.

Almost any of the substances supplied in the various suppositories are supplied in some tablet or compressed form for use as a douche. Some tablets definitely present themselves as suitable for both the purposes of a foaming suppository and thereafter, dissolved in water, to be used as a douche. (See p. 126.)

(24) Soapy water as a douche.

Soapy water is a very old-fashioned form of douche which I discarded many years ago because of various unpleasant features, so that I did not discuss it in the earlier editions of this book; but as it has cropped up again it requires some comments. It is of course very cheap and easily obtained.

To advise soapy water douches, however, to women attending a clinic of whom little is probably known regarding their general physiological reactions, is to give advice which may cause the patient serious,

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and almost certainly will cause some, inconvenience or harm. So completely had I discarded all thought of soap years ago that I gave it the briefest mention in these pages, but the absurdity of the claim for *novelty* in the idea of soap which was put forward by DR. J. BAKER who spent a quarter of an hour of the time of a scientific congress held at the British Medical Association's rooms in 1930, and the solemn acceptance of the "novelty" without question by the learned people present, really necessitate the re-opening of what I thought was long since a closed chapter. We still advise (as was done before I was born) the dipping of a cap in soapy water to facilitate its entrance, and an occasional soapy douche is recognized as an old established practice which persists. To use soapy douches regularly as unfortunately is advised at some Clinics recently is definitely harmful. With sensitive women even one douche of soapy water may cause unpleasant features which take days to subside, *e.g.* a skin rash.

The *Lancet* (14 Mch. 1931, p. 600) mentions that "ulceration of the colon has been seen in man after soap-sud enemata" and the vagina is more sensitive and more absorbent than the colon.

Yet MRS. G. M. COX, M.B., B.S., giving evidence before the Medical Committee of the National Council of Public Morals on the teaching of the Walworth Clinic, said that the douche there used "is ordinary soapy water,"¹ which she advises also

¹ G. M. COX, M.B. (1927). Evidence in "Medical Aspects of Contraception." Pp. xi, 183, see p. 71. London 1927.

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in her book.¹ No wonder so many of the results of the "Walworth technique" are unsatisfactory and the women simply do not douche as ordered.

(25) Plain cold water in the form of a douche.

Much of the objection to douching applies even when cold water only is used. In addition, its chilling effects cause a liability to catarrh, etc., although the water itself has no directly harmful effect. The frequent presence of cold water where it is not intended to penetrate can hardly be advisable. Nevertheless, as in most douches the object achieved is really *achieved* by the *physical* effect of the sluicing and not by the disinfectants at all, cold water by itself is probably quite effective when any douche at all would be effective. Cold water, of course, is sufficient in itself to plasmolyse motile spermatozoa, as is shown in the table given on p. 113.

¹ GLADYS M. COX (1933): "Clinical Contraception." Pp. ix, 173. London, 1933.

CHAPTER VI

Contraceptives in Use, Described and Discussed (*continued*)

(C) APPLIANCES USED BY EITHER SEX TO PREVENT THE SPERMATOZOA COMING IN CONTACT WITH THE OVUM

BY THE MALE:—

(26) Condoms, popularly called "French letters," or "sheaths."

SHEATHS were first made of fine linen to encase the penis, and were originally called "preventives," as they appear to have been invented to lessen the liability to contract venereal disease. Sheaths are among the very earliest recorded preventives. See GABRIEL FALLOPPIO,¹ 1564, "De præseruatione à carie Gallica."

MONSIGNOR BROWN² stated also: "There is evidence that at the time of the Fire of London the condom was in use." They are still often advocated

¹ GABRIEL FALLOPPIO (1564): "De Morbo Gallico: Liber Absolutissimus." First ed. Pp. 65. Patavia, 1564.

² Report of the National Birth Rate Commission. Second edition. London, 1917. Pp. 184.

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for the double purpose of prevention both of pregnancy and venereal contamination.

Present day "sheaths" are made in a great variety of thicknesses and quality, either of the cæcal membranes of animals or from various grades of prepared rubber. Their object is to collect the seminal fluid and prevent it coming in contact with the vagina. By the use of sheaths this object is generally achieved unless the condom breaks or is perforated. Owing to the fact that thinness of texture is very much desired (as even the thinnest condom interferes with the full sensory excitation) the very thin forms are in greater demand than those of stouter manufacture, and accidents or ruptures at the critical time are not infrequent.

Entirely similar in its physiological action in so far as it deprives the woman of contact with the glans is the short sheath, made to cover the glans penis only. It is less reliable and more difficult to adjust than the condom.

The essential feature of the method, viz., the collection of the whole of the semen, is the same as the large sheath. Either sheath method has a variety of physiological and psychological drawbacks.

In the first place a sheath prevents contact between the glans penis and the vaginal tissues, and, therefore, robs the coital act of its full physiological benefit. It also robs the woman of contact with the seminal secretions (see p. 31) and thus is detrimental to her. It is also generally detrimental to the man, being unpleasant to use. A man of not very strong sex capacity finds that it reduces the poten-

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tiality for consistent erection and proper ejaculation. Many sensitive women find the odour of the rubber condom disgusting.

There are times, however, when the use of the condom appears almost imperative (see also p. 451). In my opinion these are:—

(a) For the first week or two of marriage (see p. 228) in some circumstances.

(b) For men who are debilitated and suffer from premature ejaculation which is offensive to the bride.

(c) In cases of suspected venereal infection.

In this last connection, however, we are departing from pure contraceptive requirements, and as I have often maintained contraception as such should be considered apart from the association of similar appliances in connection with the prevention of venereal disease. Nevertheless, owing to the ravaging prevalence of venereal disease the practitioner is often confronted with cases in which it is most valuable to be able to recommend procedure which will tend to operate *both* so as to prevent pregnancy and to reduce somewhat the risk of infection. (The condom, of course, does no more than reduce *somewhat* the risk of infection.)

For other reasons its use is sometimes imperative. When it is a matter of life and death for the wife that no conception should take place, it is advisable for the man to use the condom in addition to any preventives used by the wife, because even with the greatest care there is always a slight risk of failure, in any one method, and when both parties take

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different methods of precaution the risk is reduced to a negligible minimum.

Much hindrance to progress in contraceptive knowledge has resulted from those advocates of control who ignore or deny the undoubted fact that there is truth in the contention of the clerical and "purity" schools of thought that "contraceptives are harmful"; for the condom is the contraceptive most generally known, and its recommendation by the medical profession has been weighty, and yet I maintain it does do much harm. Yet, as HARDY¹ says, "PROFESSORS KRAFT-EBING and SARWEY recommend its use in preference to all the other contraceptive methods. In 1905 at the Congress of Zürich organized by the Society to Combat Venereal Disease, the doctors were unanimous in favour of the sheath, indicating it as the only method to be recommended, *both* for the prevention of venereal disease and of conception." I dispute, however, the assertion of its entire harmlessness which follows. Even DR. ROBIE, the enlightened American sexologist,² says "the condom is generally conceded to be the best arrangement" . . . "as it allows of the complete satisfaction of the woman," which, of course, is a mistake. It does not.

What may be described as the German school of sexologists favour it, and a typical quotation from their works is the following from IVAN BLOCH'S

¹ G. HARDY: "How to Prevent Pregnancy." Paris, English edition. Pp. 95. See p. 45.

² W. F. ROBIE (1918): "Rational Sex Ethics." Pp. 356. Boston, 1918. See p. 214.

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well known book,¹ "The ideal mechanical means (of prevention) is once more the *condom*. When it is used, coitus runs a perfectly normal course with the sole exception of the sensation during ejaculation." The coarse insensitiveness of attitude that can consider this last objection as existing, and *yet* state that the "act of coitus runs a perfectly normal course" seems to me deplorable. Yet this crude and ignorant statement has had a wide influence on men's attitude towards the whole subject. BLOCH does not in this connection even perceive the great harm done to the woman by this method (see p. 156). KISCH also says that "When the man is fully potent the use of condoms can do no harm to the woman, since the only effect of the condom (in a very excitable woman) is to render the development of the orgasm a little more difficult, but not to prevent it." KISCH is emphatic in favour of the condom,² saying, "It is my opinion that the most trustworthy and least harmful measure at present available, and one preferable to all other mechanical apparatus, is a carefully selected and well made condom."

A remark, almost as crude, showing both ignorance concerning sensitive women's feelings and physiology is made by FREUD,³ who says, "Der Congressus

¹ IVAN BLOCH (1909): "The Sexual Life of our Time in relation to Modern Civilization." Trans. from Sixth German edition. Pp. x, 790. London, 1909.

² E. H. KISCH (undated): "The Sexual Life of Women." Engl. trans. by Paul. Heinemann, London. Pp. 686. See p. 408.

³ S. FREUD (1911): "Sammlung kleiner Schriften zur Neurosenlehre aus den Jahren, 1893-1906." Pp. 229. Leipzig, 1911.

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reservatus mittels des Kondoms stellt für die Frau keine Schädlichkeit dar, wenn sie sehr rasch erregbar und der Mann sehr potent ist; in andern Falle steht diese Art des Präventivverkehres den anderen ein Schädlichkeit nicht nach."

HAVELOCK ELLIS (1921)¹ unfortunately follows these authorities, saying that "the condom is now regarded by nearly all authorities, as, when properly used, the safest, the most convenient, and the most harmless method."

Emphatically I disputed that the "authorities" were right in the first editions of my books. Now (1941) I am indeed thankful to see the wide adoption of my view that a "cap and chemical is best," and to find that in Clinics all over the world this is essentially what is being taught with few exceptions.

It should be noted, of course, that ELLIS's book, though dated 1921, takes no cognizance of books published since 1910 or so, and therefore he has not considered the arguments used in "Wise Parenthood," in 1918.

General Comments.—The condom for both emotional and physical reasons is not advisable for use in ordinary healthy coitus. It has its uses in connection with disease and danger, and for other special circumstances. In a general way it is inadvisable for regular use, as are all methods used by the male. On this point I lay great stress, in spite of the fact that methods used by the male, and in particular the condom, are often recommended as offering

¹ HAVELOCK ELLIS (1921) (1910): "Sex in Relation to Society." pp. xvi, 696. Philadelphia, 1921. See p. 599.

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more security than those used by the female. They are therefore of psychological value to overcome abject terror of pregnancy (see p. 231) but even then they are not physiologically advisable for long continued use.

- (27) Pin or stud-like apparatus supposed to close the male urethra to secure against unpremeditated ejaculation which might take place before coitus interruptus was accomplished.

This apparatus was brought to me by its inventor some years ago. It appeared to me wholly dangerous and absurd, but it *may* have got into use by some ignorant people. I know of no argument against its total condemnation.

APPLIANCES USED BY THE FEMALE.

- (28) The sponge, by itself, or used with or without chemical solutions, soap powder, or other potential spermaticides.

The sponge is an ancient method which still persists. Specially prepared sponges in great variety are now on sale and in use, often made with a containing net so that they may be pulled out easily.

The sponge has a particularly interesting place in the history of contraception in England, as it was the sponge "as used on the Continent" which was advocated in the "Diabolical Handbills" of 1823-4, and in the *Republican* in 1825 (see Chapter X on "Early History," p. 287, and Appendix E).

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There is much to be said for the sponge, and although some of the more modern practitioners greatly condemn it as being impossible to cleanse thoroughly, others still consider it the very best method for general use. Success depends on the size and quality of the sponge used. The "sanitary sponges" generally sold are far too small (see fig. 1, Pl. VI to compare with the smallest sponge of the right type, fig. 2, Pl. VI). This leads to very many failures. Large flat sponges of fine grained rubber specially prepared for my clinic (if used as we advise) are the very safest of all contraceptives of which records exist (see p. 163). The principal advantages of the Racial sponge are that it is cheap, safe, very easy to manipulate, easily understood even by a stupid woman (and the stupid are exactly the people who most require birth control information, and who in the interests of the State should be encouraged to practise contraception). It does not require accurate adjustment as does the internal cap, and it can be used by the woman herself without the co-operation of her husband, which again is a point of racial value among the poor and illiterate, often overburdened, women whose husbands are either lascivious, careless or drunken.

The sponge used by itself without any chemical often succeeds, though on the whole it is an insecure preventive. Used in conjunction with a chemical powder, such as alum (see p. 143), quinine powder (see p. 118), or soap powder, or smeared with quinine ointment (see p. 119), soaked in vinegar and water or some other of the many possible

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spermaticides, the sponge is not only useful but is widely used and is recommended by some of the leading doctors as being the most satisfactory method.

(29) The Racial sponge and oil.

Some time ago as a result of experience at the Clinic, I suggested the use of a sponge soaked in ordinary olive oil. This having been found very satisfactory by the women using it, and being also easy to procure, I have increasingly recommended this method to poor women asking for advice. The olive oil is in itself wholesome if absorbed as in part it probably is by the vagina, and is an absolutely safe domestic condiment found in most homes. This removes the sense of strangeness and difficulty which sometimes clouds the idea of contraception in the minds of the poor women. Sometimes olive oil containing quinine in solution or other chemical is substituted by the women themselves as they have the idea that it "strengthens its quality."

I find now that where some minor abnormality of the cervix, such as a depressed, torn, or amputated cervix is present, or there is a slight prolapse, it is best to use a large-sized Racial sponge soaked in olive oil. (See, however, the war-time note of this on page 455.) This gives ease of adjustment and security. It does away with the necessity for fitting different sizes of caps and of really expert handling. Where, therefore, there is any doubt either of the perfect normality of the woman or of her intelligent

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co-operation, the sponge soaked in olive oil is of more practical and immediate use than the occlusive cap, although the cap, as will be seen later, is the ideal method for the perfectly normal and intelligent woman

Sponges, for long sold as "sanitary sponges," have got a bad name as leading to failures, but this is due to the wrong shape and the small size sold. The large commercial "sanitary sponge" is contrasted with the *smallest* "Racial" sponge on plate VI, figs. 1 and 2. The Racial is a flat sponge about three-quarters of an inch thick though this is not very apparent in the photograph.

The successful sponges, now frequently advised at our clinic, are made of fine grained rubber, specially shaped and prepared, and enclosed in a net. They are sold in two sizes, as we find only the "large" and the "extra large" are advisable, principally the latter. Women who have been fully examined and found, for some reason or other, to be physically, environmentally or mentally not quite up to the standard required for the use of the occlusive cap, are taught to use the sponge. The very simple instruction given the unlearned women who cannot reach a clinic and who can get no expert help at all is as follows:—

"Buy a fine-grained rubber sponge and cut it to about the size of your own palm, or a little (not much) smaller, and about the thickness of your own thumb. You can get specially made RACIAL sponges as used at our Clinic if you prefer, but do *not* on any account buy the small so-called 'sanitary sponge'; they are far too small and thick, and lead to very many failures.

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"When you use the sponge squeeze it in water (warm water preferred), then soak the sponge in olive oil (this is ordinary salad oil), squeeze out the oil from the sponge so that it is merely damp with oil but does not drip. Insert one greasy soluble.

"Press in the sponge up the vaginal canal (the front passage) while in a squatting position, then tuck it well round the womb at the end of the canal, care being taken to cover the cervix (the neck of the womb) completely.

"Nothing more need be done until the following morning or afternoon, by which time the sponge must be removed without fail. Ordinary hot soapy water will wash it, but it is best also to boil it in salt and water for a minute or two after each use. When clean rinse in ordinary water, hang it up to dry and keep dry until it is next used."

In advising the sponge at the Clinic, great stress is laid on both the necessity and the difficulty of keeping it properly cleansed. Sponges of the modern rubber tissue have advantages over the natural sponge in being less inclined to harbour putrefying material. A patient should be advised not merely to wash out the sponge, but to boil it for a couple of minutes in salt and water and to keep it in a covered jar of some weak disinfectant such, for instance, as 1 in 20 aqueous boracic acid solution or $\frac{1}{2}$ per cent. lysol.

Comment.—The sponge is the most suitable contraceptive for various types of cervical abnormality, either where the cervix is lacerated or proliferated, when the application of an occlusive cap (see p. 232) is difficult or impossible. Also for cases where the cervix is depressed or has been removed.

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If the uterus is not much prolapsed, the sponge is safe and satisfactory. It is useful also for those who are cut off from professional advice, or who are extremely poor. If they follow the instructions given on page 164 and cut the sponge themselves, they can get from the grocer a bottle of olive oil for two pence, and thus be fitted with an effective method of birth control for sixpence or eight pence instead of the shillings or pounds which are so often charged for much less effective methods. There need be no douching with this method, which is a great advantage (see p. 146 *ante*). There is the drawback that it is not so "neat" as the occlusive cap or the silver ring, but though a few may object to its clumsiness, *none* can find it harmful, which is more than can be claimed for some expensive methods. Much money and time are being devoted to "scientific research" on chemicals which will meet the needs of the poor, the isolated, and the ignorant—meanwhile the "learned" and the philanthropic gain much kudos for their efforts—and the poor are not helped. But this method of sponge and oil *can* at once and reliably help just when help is most needed and can do to-day what DR. R. L. DICKINSON and his great and wealthy organization housed in the Academy of Medicine in New York hopes to do in the future. DR. DICKINSON's Committee¹ says, "The objective is to secure a simple, easily available chemical in a form that will withstand heat and keep in good condition over long

¹ Committee on Maternal Health Biennial Report "Medical Aspects of Human Fertility." Pp. 32. New York 1928.

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periods of time and in all climates and be so easy to use that the most ignorant women in the Orient, the tropics, or the city slum can be protected."

The right shaped sponge (a Racial, or one the same shape which a woman can cut herself) and any cooking oil does all this with *no* necessity for the poor to spend money on a chemical.

This simplest of all technique has given 100 per cent. success as tested by house-to-house visiting by midwives checking each other's work: The one apparent failure so detected evidently having been undetectably pregnant by a few days at the time of her first visit. It is, in short, the "fool-proof method" for which everyone has been asking.

Nevertheless, I do not urge the sponge myself for *general* use and think that the internal cap (p. 178) is both more easy to keep clean and in many other ways more advantageous. The sponge, however, is preferable to any of the contraceptive means so far considered in these pages. Knowledge of contraception now having reached most intelligent women, the great problem facing the medical practitioner is the woman of lazy mentality or who is of somewhat injured and slightly abnormal organization, and for both such types the sponge soaked in olive oil offers the most practical advice which can be given at present. It should be of special service in localities where trained specialists are not available for instruction in fitting caps, such as the Orient, the backwoods of Canada and the States, whence I get requests for help from isolated women far from expert advice.

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The Occlusator.

Specially prepared artificial sponges, generally made of rubber, are now placed on the market under the name of "occlusator" (see Pl. VI, fig. 3). They have a central cavity in which a chemical tablet or soluble suppository may be placed (*a* in fig. 3), the idea being that it shall be in contact with the cervical canal, and thus release its foam solution or greasy matter where it is most needed. They are too small in diameter and get pushed into the fornix. Experience at the Clinic, where a few of our women have used these before coming to us, shows that, on the whole, the "occlusator" is not satisfactory, as it tends to break through at the centre, where the barrier is most required. In general the added complication fails to achieve its purpose, because anything requiring adjustment leads to possible mistakes, and we find that the simple sponge soaked in oil, which can be inserted in any position, is much more generally satisfactory.

(30) Soft plugs.

The general principle of these is similar to that of the sponge, the object being to fill up the whole end of the vaginal canal and with it to occlude the cervical entrance with or without some intercalated chemical. If cotton-wool or lint is used, it has the advantage of not requiring cleansing, as after use it is of course destroyed.

Here, perhaps, one may mention the various rather primitive methods of packing the end of the

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vagina, which are still used in the East, and are obviously of considerable antiquity. Such, for instance, as the very soft wads of silky native paper used in Japan. Under this heading also may be mentioned the balls and bundles of feathers used in India and elsewhere in Asia.¹

(31) Specially modified tampons.

Medicated tampons especially made to expand so as to fill the whole vaginal canal are, of course, widely used for other purposes. I do not know of any who have advised specially modified tampons for contraceptive use, but I myself have recommended the use of such tampons as contraceptives. The amount of expanding wool must, of course, be much less than in the usual tampon, as it should fill only the end of the vaginal canal. A specially prepared tampon may have very great medical advantages. I have myself advised a form which has been used with benefit containing ichthyol—ichthyol having, of course, definite curative properties well known to the medical profession. It appears also to act perfectly as a contraceptive. The use of a specially modified short tampon as a contraceptive is a method which many medical practitioners may find of specific use with their own patients.

Not only ichthyol, but a number of other preparations selected in accordance with the needs of the individual woman, could be administered in this way. The chief drawback to the method being the

¹ See, for instance, reference in FELIX A. THEILHABER (1913): "Das Sterile Berlin." Pp. 165. Berlin, 1913.

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necessity of obtaining the specially prepared tampons, which are not cheap. The use of this method, therefore, would be confined to cases who are either really well-to-do, or who are patients sufficiently invalided to justify an expense much greater than is necessary for simple contraceptive means.

Comment.—I see in this method a suggestion, which is, in my opinion, most likely to lead to immediately useful advances in our knowledge of contraceptives. By the application of specially medicated tampons the combination of contraceptive means with locally curative applications might make great advances. Owing to expense, however, the method is not likely to come into general use, nor is it necessary that it should do so, as it is only suitable for cases of definite ailment and not for normally healthy women.

VAGINAL CAPS—IN GENERAL

The principle of all *caps*, whatever their texture, shape, size or position when in place, is to offer a barrier between the opening of the cervical canal and the ejaculate. They are, essentially, a more precise and scientific modification of the five thousand year old “barrier” used by the Ancient Egyptians (see p. 256) and, in the definite form of caps have been known and written about since 1838 (see p. 298), though generally attributed to Mensinga in the eighteen eighties.

Innumerable varieties, ranging from tiny metal thimbles to fit tightly on the top of the cervical

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canal, to large rubber diaphragms, have been invented and used.

In 1918, going counter to the then generally approved methods of condom and douching, I laid down what may be described as a general formula: that a vaginal rubber cap combined with a chemical is the *best* contraceptive for the normal.

In one of the few medical text-books on this subject, that of DR. COOPER,¹ published in 1928, the main thesis of this fundamental "cap and chemical" formula is supported. DR. COOPER'S "New Method for America" is only a slightly modified vaginal rubber cap and a chemical spermicide.

DR. HANNAH M. STONE² confirms this, saying "From the figures obtained it was [from the New York Clinic] concluded that the vaginal occlusive pessaries combined with medicated jellies proved the most efficient contraceptives."

Until clinical work began the classification and designation of caps were not of very much significance, but since such attacks on the use of caps as were launched by PROF. MCILROY'S ignorance of their characteristics and confusion of the effects of one type with another; and since Clinics all over the world are adopting my fundamental formula that "the *best* contraceptive is a cap and chemical," it

¹ J. F. COOPER, M.D. (1928): "The Technique of Contraception: The Principles and Practice of Anti-conceptual Methods." Pp. xvi, 271. New York 1928. (As this book is difficult to obtain in England see the Review in the *Eugenics Review*, July 1929, pp. 136-138.)

² DR. HANNAH M. STONE (1929): "Birth Control Progress in America" in the Second Issue of the Internat. Med. Group for the Investigation of Birth Control. London 1929.

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becomes increasingly important to have the different types of caps grouped and designated. I suggest the following convenient classification into three main types:—

VAGINAL CAPS

Portio caps, very small, stiff types of metal, celluloid, etc., to fix *on* the cervical canal tightly. (See p. 173 and Pls. V and VIII.)

Occlusive caps, with circular rims with closed rubber, centres fixing outside the cervix and round the area of junction of the uterine neck and the fornices, made of rubber with pliable rims. (See p. 178 and Pl. III, figs. 1-2, 3, 4 and 5 and text fig., Pl. IV, fig. 8 and Pl. VIII.)

Diaphragm caps, larger than the above, with metal spring rim circular, or shaped, lying aslant the vaginal canal. (See p. 196 and Pl. III, fig. 6 and Pl. IV, figs. 7 and 9, Pl. VI, fig. 4 and Pl. IX.)

I hope also that the coloured diagram on Pl. VIII of a uterus with both a portio and an occlusive cap in position will remove confusion regarding their positions and other features.

All the varieties of cap (save the disc and the *matrisalus*) are so very CAP-like that the name speaks for itself, yet there have been attempts to confuse even this simple nomenclature.

So far as I can ascertain the first important English text-book of Obstetrics and Gynæcology to give a chapter on birth control is that of FAIRBAIRN,¹ who devoted three and a half pages to the subject. In this, as in his review of my book in the *Journal*

¹ FAIRBAIRN, JOHN S., DR. (1924): "Gynæcology with Obstetrics: a text book for students and practitioners." Pp. xxii, 769, Pls. V, 129 text figs. London 1924.

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of *Obstetrics*,¹ FAIRBAIRN used the unfortunate misnomer "womb-veil" for the occlusive cap. It is an Americanism of recent origin which a moment's thought should have strangled at birth, for a *veil* essentially is that which has a porous texture to see and breathe through, while the vaginal cap must essentially be absolutely impermeable; and a veil is of vague and indefinite outline while the occlusive cap is definitely circular and cap-like.

- (32) Portio caps, of metal, celluloid or other firm material, with or without complications of structure. (For the addition of this section and its illustrations, see the remarks on p. ix. Plate V.)

Small metal caps in a variety of forms, calculated to fit tightly over the cervix, have long been used on the Continent. They fit on the cervix like a thimble and must be tightly adjusted to remain in place. Their position is shown diagrammatically in red on Pl. VIII. The use of the name *Portio* cap for them² is very useful as distinguishing them clearly from the vaginal caps which are too often blamed for the type of injury peculiar to the *Portio* type of cap. Every conceivable shape and size, constructed in various kinds of material, have been patented. Most of these are said to be invented by members of the

¹ FAIRBAIRN, JOHN S. (1927): "'Contraception,' by Marie Stopes," *Journal Obstetrics and Gynaecology of the British Empire*, Autumn No., pp. 562-565. London 1927.

² DR. HANS LEHFELDT (1929): "Contraceptive Methods requiring medical assistance," in *Proc. Sex Reform Congress*, Pp. ix, 670, see pp. 126-132. London 1930.

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medical profession, but in spite of this many impracticable forms, some even dangerous, are to be found among them. They range from the simple metal cap, not unlike the rubber occlusive cap in shape, although smaller, such as the "Vetovit" (see No. 1, Pl. V) to very tiny caps, so small that one wonders how it is possible for them to maintain their position at all (see No. 3, Pl. V).

Figs. 1 and 3 are of a very solid, firm metal, absolutely immovable, and with no "give" whatever. The larger sizes, except for a woman with a much stretched vaginal orifice would cause inconvenience and some pain on insertion.

Another range of metal caps is called the "Orga," in which the metal is of exceptional construction, and is almost as pliable as a soft rubber cap, bending easily to the touch. These caps have the rim nicked, as will be seen in fig. 2, Pl. V. The nick may assist in making the cap adhere, but it seems to me to be a source of some danger owing to the liability of the cap to split at the corner of the nick, which is not to be ignored (I have seen a cap thus split), and in the split crevice tissue and decayed matter may well collect, or the sharp edge may lacerate. A medical woman told me of a case who came to her with a Portio cap of this type so grown on to the cervix that she was absolutely unable to move it and had to send the woman back to the continental doctor who fitted it to have it removed as an operation with an anæsthetic.

Metal caps have apparently quite a vogue on the Continent, and in the popular little book by

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JOHANN FERCH of Vienna,¹ it was stated that the numerous clinics of the Austrian Birth Control League favour the metal cap. This League had forty or more medical doctors working in touch with it and using its methods, so that it is significant to note that FERCH says: "The result of wide experience proves that the cheapest and best preventative is a half hemispheric shaped cap of an incorrodible metal, such as silver or gold, fitting the 'cervix.' The cap pessary must be fitted by a doctor, and laid on the cervix and pressed softly down with the help of a vaginal speculum, which makes the vagina and the 'cervix' visible. The satisfactory pessary, on account of the adhesion of its smooth metal to the moist 'cervix,' remains well in its place without dropping off."

It is counter to English and American practice to leave the cap in place during the whole of the intermenstrual period. Yet FERCH says that: "Before the beginning of the menstruation, or at the first sign of it, the woman must remove the pessary according to the instructions given her by the doctor, clean it, and after menstruation is finished, have it replaced by the doctor."

This course seems to me clearly inadvisable. I always advise the removal of the rubber cap (see 182) not longer than twenty-four hours after its insertion, and consider it most important that the cervix should be uncovered for the greater part of its existence.

¹ JOHANN FERCH (1926): "Birth Control," edited by A. Maude Royden. Pp. viii + 123. London, 1926.

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Some members of the medical profession may approve of the metal cap, because it means regular visits to the doctor; but even so, it would be difficult indeed for a medical practitioner to give a sufficiently frequent service to keep the average slum-dwelling woman in this country in good health with such a cap. FERCH says that the metal caps they use are not tight, and "leave a small space at the top through which the secretions of the womb can run off"; if this is so, one wonders how they can act as a perfectly satisfactory contraceptive. Ferch does state that "only if an unhealthy secretion was present might the check pessary be harmful," but in our clinical experience of the very poor, whom we most desire to serve, the presence of a slightly unhealthy discharge is so frequent that the general use of such a metal cap in this country would be very ill advised.

Some fantastic designs have also been made, such as the "Hygibe" (see fig. 6, Pl. V), which is of a hard, stiff metal, designed to be left permanently in position. Within the metal surface is not even smooth, the hinge-pin having rough ends, and the rim breaking and splitting very easily. The specimen I have, which has never been used internally at all, but kept dry and carefully covered, has a rim which spontaneously split, making a very dangerous edge. The convexity of the cap is made in the form of a hinged door; the cap is supposed to remain permanently in place, and the doorway to be opened at the time of the menstrual period, and closed again at the conclusion. In order to open it, the woman would have to insert her nail into the clip. The cap

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could scarcely fail to hold decayed tissue, and the hinge is full of dirt traps, so much so that one can hardly imagine it clipping to satisfactorily after being some time in the body. In my opinion the existence of such instruments is to be deplored. I may say, however, that I know of no case in which any woman has found satisfaction in them, and I should be interested to hear from any correspondent who has herself used them.

Another extraordinary form of cap is that illustrated in fig. 5, Pl. V, in which the cap is made of a double hard and transparent celluloid material sealed together with a metal-like rim, the inner of the two caps being pierced by two holes, and the space between the two caps filled with a chemical powder. Whether or no this functions successfully, undoubtedly it must be difficult to clear out of the double cap any secretions or material which may drop into the closed portion through the holes in the cover.

An even more extraordinary cap is the "Kaeser Pessary" shown in fig. 4, Pl. V, where an internal spring is supposed to control the opening and closing of a trap-door. It is extremely complex, and I cannot conceive it ever remaining aseptic. It is, however, made and recommended by a German medical man as "The only occlusive pessary which has not to be removed before menstruation" and to require only four cleansings a year! The delicate valve-spring cannot fail to collect menstrual débris. We have not attempted to use so self-evidently dangerous an instrument at the C.B.C. Clinic.

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Comment.—The use of these metal instruments on the Continent does not seem to be a sufficient argument for their adoption. Dr. Lehfelddt of Berlin confirmed this in 1929 when he also said "As I believe that the vaginal occlusive pessary provides a better protection than the Portio cap I should recommend the cap only for special cases."¹

OCCLUSIVE CAPS—IN GENERAL

The general principle of all dome-shaped occlusive caps and the many varieties of the Continental small "Mensinga," is the prevention of the spermatozoa from entering the internal os by placing a barrier of rubber between the spermatozoa and the egg-cell with the least possible interference or intervention of surfaces between the penis and vagina. These are known under a great many names, and are called "Vault" pessaries by DR. KONIKOW in the United States. The use of such small occlusive caps leaves not only the greater part of the vaginal canal, but all the end of the vaginal canal round the cervical region in complete and natural contact with the male organ and with the seminal fluids. It interposes merely the barrier of thin material between the wandering spermatozoa and the entrance of the cervical canal. How necessary this is in many cases is shown by the occasional failure of both douches and antecedent quinine pessaries. Such failures sometimes appear to be due to individual carelessness,

¹ DR. HANS LEHFELDDT (1929): "Contraceptive methods requiring medical assistance," in *Proc. Sex Reform Congress*, Pp. lx, 670, see pp. 126-132. London 1930.

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but at other times to that natural action of the fully excited uterus which must lead to inevitable failure: for in the fully excited uterus the cervix may spontaneously open and interlock with the glans penis which thus discharges directly into the uterus, thus rendering inefficacious any pessary or chemical designed to lie in the vagina as a spermaticide. I have formerly hinted at this active co-operation of the cervix, but received critical comment, even denials of the possibility of the action. Such criticism is, however, due to the rarity of persons in whom this happens and the impossibility of demonstrating it, as it can *only* take place at the height of sex excitement. There is no doubt whatever, that some fully sexed and roused women do experience the interlocking of the glans penis with the cervical canal, and such a woman does aspirate some of the seminal ejaculate into the uterus (see also p. 236).

It is of course arguable that it would be better that even the small area covered by the cervical cap should have no covering on the occasion of copulation, and to a certain extent I agree with this. Nevertheless if the type of cap which I advise is used then all the chief benefits of coitus are obtained and the interference with the complete normal sex act is at a minimum.

The cap I advise for normal women, the obvious advantages of which are confirmed by years of experience at the Birth Control Clinics¹ is illus-

¹ The Mothers' Clinic, at 108, Whitfield Street, Tottenham Court Road, London, W. 1. The first British Birth Control Clinic, founded in 1921 and Branches.

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trated in a diagram on p. 185 and a photo. in Pl. III, fig. 4. In such caps the centre or crown portion is of thin rubber, the rim of solid rubber. The inflated air much liked by dealers as it gives them more profit, is unsatisfactory and leads to failures. Recently slightly improved, its official name is the RACIAL cap (see Appendix p. 449). Experience so confirms me in the view that the solid all-rubber rim is the best, that I advise no other, and at the Clinic we use only the all-rubber solid rim for the occlusive type of cap. The essential point of the different features of the cap is that the crown should be large, high and thin, and of very perfect manufacture and the diameter should be measured across the inner side (as is the diameter of a hat) and not from the outside of the rim.

In critical cases it is advisable to use a combination of both the cap and a second method, preferably a greasy suppository. But with an intelligent, careful woman, properly fitted and instructed, the cap alone without any chemical is in most cases safe and sufficient, unless the woman is an "incorrigibly fertile" one. The reason for the safety of the cap is that it prevents the sperm entering the uterus (sperms, it should be remembered, may live even as long as seventeen days) and therefore confines the spermatozoa to the vagina where the *naturally acid secretions* of a normal woman should destroy their vitality. But neither patient nor practitioner can calmly face a failure, and in a general way "the cap *and* chemical is the best."

One of the greatest advantages of the cap is a

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psychological one, namely, that it offers the very minimum of interference with the romantic side of the sex act. The cap itself can be inserted some hours before bedtime, and can be safely left undisturbed for twenty-four or forty-eight hours, and can be removed at any time next day for washing or exchange. Those who do not like to add the greasy or other suppository later at the usual time, a few moments before union, can insert a non-greasy suppository into the cap itself at the time of insertion and leave the greasy suppository to be inserted soon *after* the act or the next morning. Thus the woman can take the safeguarding precaution at the time of her ordinary toilet arrangements or while bathing, hours before it is required for use; hence there is no psychological interference with the coital act. The psychological and romantic value of this to all sensitive people is of the very greatest importance, as was mentioned in connection with douching (see p. 144). I know of a good many marriages which had been entirely jeopardized by the revolting necessity for the intrusive contraceptive procedure which had to be used until the pair heard of this unobtrusive cap method.

Some women, I am aware, have for many years used occlusive or diaphragm caps quite regularly, leaving them in during the whole intermenstrual period; and in Austria and Germany they are sometimes even advised to leave them in for two or three weeks undisturbed. DR. MENSINGA himself said: "Die Toleranz der Vagina gegen das Pessar ist sehr verschieden; im allgemeinen kann das Pessar, wenn

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gewünscht, beliebig lange Zeit, je nach Erforden, sogar ruhig bis zur Eintrittszeit der Menses liegen bleiben." . . . "Einige weniger empfindliche Patientinnen lassen dasselbe sogar während der ganzen intermenstrualen Zeit unbehelligt liegen, andere nehmen es wöchentlich aus, auch zweimal wöchentlich, eine täglich, viele aber lassen es ruhig liegen, unter Gebrauch der Douche."¹ As unfortunately, in City life in Britain and elsewhere nowadays, such perfect health as would justify this advice is very rare. Unless the medical practitioner is acquainted with the woman and sure of her exceptional health, it would be unwise to recommend this. It is probably always unwise to recommend this to working-class women. As a rule the woman should take it out the next morning, and leave it out for some hours at least for cleansing before re-insertion. It is better to have two caps in use, and employ an alternative cap each time.

The vaginal secretions of different women differ greatly in their destructive effects on the rubber of the caps. Some women can use the same cap almost uninterruptedly for a couple of years with almost no detrimental effect on the rubber; with other women the same standard make of cap will become distorted and unpleasant in a couple of months. We have one cap at the Clinic Museum which was as good as new after six years' steady use.

In the ordinary way the modern woman's secretions are acid enough to dispose of the sperm in a few

¹ MENSINGA, DR. MED. (1888): "Facultative Sterilität." Part II, supplement. Pp. 80, 2 pls. Leipzig, Seventh edition. 1900.

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hours or at any rate by the next day, so that if she removes the cap when bathing the following day there is no need to use a douche of chemical solutions or any other substance.

- (33) Dome-shaped, cap-like occlusive pessaries made of rubber, designed to be fixed *outside* the cervix and round the area of junction between the uterine neck and the fornices. The "small Mensinga," the "French," the RACIAL, etc.

Small rubber caps on the market are in many shapes and forms, generally with a solid rim, some with an air-inflated rim, others with spring rims, and all in a great variety of sizes and differences in the relations between the cap-like centres and the sides of the ring-like periphery. These originated from the continental "Mensinga," or *small* occlusive pessary, although the shapes now most in use are not exactly identical with the "original Mensinga" as figured by Mensinga himself. A great many registered or trade names have been attached to variations of the small cap.

In earlier editions of this and other of my books I have mentioned the Pro-Race as being the best. This recommendation has led to gross misrepresentation of facts from many quarters leading even to the cruelly false and malicious statement that I was commercially interested in this trading firm. Hence it is necessary to state that not only have I never at any time derived a farthing of profit from contraceptives of any sort, but the commercial mis-use of my name has caused me extreme vexation and loss.

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It should be generally known that for use at my pioneer Clinic for Constructive Birth Control years ago when I first perfected the high domed vaginal rubber cap I gave it the name of the Pro-Race.

This name was not trade marked nor protected by me or the Society, with the unfortunate result that it has been commercially registered and applied to goods of many other varieties than the original Pro-Race cap and has thus confused and sometimes misled the public.

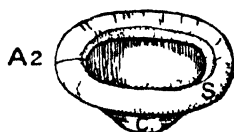
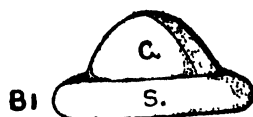
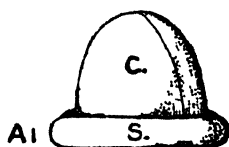
In order to safeguard the public and me also the Executive Committee of the C.B.C. has registered the word RACIAL both as a trade mark and world Monomark: after much legal advice this proved the *only* way to secure protection.

The type of occlusive cap we use at the Clinics is the RACIAL cap: it is made with a specially high dome, solid all-rubber rim, and no tab, and the rubber is treated so as to resist decay so far as possible.

I think the small occlusive cap is the soundest of all methods of contraception at present in use, for women who are normally formed internally and who have normal intelligence and can be relied on to place the cap each time with care. It is *not* suited (and I have never claimed it is) to women with deformations or lacerations of the cervix, etc. The caps made for our Clinics have solid rims and appear to be thoroughly reliable. Caps with air-inflated rims, and rims containing metal springs of various sorts, I do not like, and now I always give warnings against their use, both personally and through the

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clinics. The simple soft but firm all-rubber ring of the rim is in every respect the best. Nevertheless, any of the dozen or two varieties of these things on the market may, in differing circumstances, suit individual cases. One of the main faults to be found in many brands is careless and hasty construction; the "seam" for instance being joined so that minute perforations exist. The junction between the dome-like cap and the rim was often



carelessly connected, or left very rough and difficult to keep clean when I wrote these words first, but the point has been taken to heart by manufacturers and now almost all brands are internally smooth. Also (an important point in the construction) the majority of the forms had what I considered too low a dome. But since the publication of this criticism in earlier editions of my books this has been remedied almost universally, and now almost every maker, whatever the trade name, sells a high dome cap and joins it carefully, though there are very cheap

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brands of caps on the Continent which are merely run into moulds. These get a sale as they afford the traders very large profits, but they are really worthless and sometimes do not survive three usings.

As I have followed up various complaints of failure, or of inability to obtain exactly the article demanded, I should mention that the relative sizes and proportions of the cap to its rim have a significance which it may be worth stating. In the accompanying diagrams A₁ and A₂ are drawings of a satisfactory cap (see also Pl. III, fig. 4); B₁ and B₂ are drawings of a type frequently sold, and in my opinion not only unsatisfactory on general principles, but liable to lead to those failures which have made some people distrust this most valuable method. The points to be noted in the drawings are primarily as follows: The Spring ring S and the conical portion C should be in such relative proportions towards each other as is indicated in A, and not as in B, where the rim is too thick and heavy and the conical portion C is too flat and small.

There are two interesting physiological reasons against too flat a cap, one depending on the characteristic of a good many women, namely, irregularity in the menstrual appearance, so that they may find themselves inadvertently wearing the cap at the commencement of the menstrual flow. A very small dome is then unsuitable; if the high domed type I recommend is used no anxiety need be felt, as it allows for the flow for several hours at least; a second reason for the high dome is found in some women of intense sex activity, in whom the orgasm gives

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rise to uterine secretions in some quantity, for which the large dome allows an exit. Furthermore with a large thin centre to the cap there is no risk of crushing the cervical canal, whereas the small hard central dome or the flat lens-shaped cap both tend to crush and interfere with the cervix. Moreover, the high thin central piece allows of invagination, if, as sometimes happens, the glans penis and the cervical os interlock at the time of passion (see p. 236). I know of no objection whatever to the high dome to counterbalance all these advantages, and can think of none.

The low dome may suit sexually inactive women with small cervical canals, but it does not suit the active pair, for the penis may attempt to invaginate it and, not being able to, may dislodge it instead. Hence I believe some cases of "failure of this method" are due to the use of the small domed variety by couples who should have had the high domed cap.

A further point to be noted in the construction of the cap is that the whole appliance, both rim and cap, should be of very pliable and soft rubber and should not be withered or wrinkled in the slightest degree. Also the line of junction indicated down the fine line in the drawings of C, should be entirely secure, and without the smallest thin area or perforation. A cap, otherwise perfect, has been sent to me, in which a minute bubble in the rubber just at this junction had developed into a hole more than large enough for the entry of the sperm. To ascertain that the line of junction is secure, the cap should

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be held up to the light, stretched and examined, preferably with a magnifying glass.

In figures A2 and B2 the caps are reversed and shown from underneath, and the line of junction between the soft cap C and the surrounding ring S is apparent. In A it will be noted that the junction is smooth and that the cap and ring merge into one another. But in B there is a comparatively rough welding of the thick raw edge of the cap C, which is—or may be—a very dangerous source of failure, as it is impossible to keep it really clean. No cap which is offered with such a rough interior should be accepted by a would-be purchaser.

It should be remembered that rubber tends to perish, even when not in use, and that to put away a cap dry for months or more, and then bring it into use may mean serious failure, owing to the development of small cracks. Rubber which is not in use is best kept under water, as it is in scientific laboratories. It is then discoloured, but its pliability is retained. A small china or celluloid pot or jar with a lid should be available, filled with water, under which the cap is submerged after it has been washed out and dipped into a simple non-corrosive disinfectant solution. A good quality cap may safely be left dry for a number of weeks, but its rim will then feel somewhat stiff: if so, soak it in hot water and after a few moments pinch it together under water several times, when it will soften and regain its pliability and spring.

The whole cap should be soft enough to be very easily pinched together for insertion. If the woman

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does not already understand it, she should be instructed to insert it when sitting in the position of the Red Indians, namely, squatting on the heels. The cap should be pinched together with convex surface posteriorly and pushed up until it reaches the cervical canal and then allowed its natural expansion. As a rule it is found that it quite readily and automatically adjusts itself and only needs pressing into place all round outside the base of the cervical neck. All that is necessary has then been done. Some women, however, are stupid and nervous and may require to be shown and even to practise taking it in and out themselves during instruction. Experience at the Clinic with thousands of poor and uneducated women has shown that between ten minutes' and half an hour's instruction is quite sufficient under ordinary circumstances.

As a result of lectures to medical audiences, I have so often been asked to be more explicit about the mode of insertion and ultimate position of the cap, that the following additional points may be added. In particular I must thank Professors Oldfield and Telling, of Leeds University Medical School, for suggesting the advisability of adding the next paragraph to this text.

For insertion, the woman should preferably be in the squatting position with the buttocks touching the heels, and should "bear down." This brings the uterus conveniently low and relaxes the surrounding muscles. When pinched together the cap is much less than two small fingers in width, and while thus pinched can be pushed up the vaginal canal until

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the top of the rim touches the end of the posterior fornix. The cap can easily be closed down into the anterior fornix and the rim pressed into position all round. The rim should then be somewhat embedded in the soft relaxed muscles at the top of the vagina and round the base of the cervix. The cap thus closes over the cervical canal, but the cervix stands loose within it, and the cap does *not* "grip" on or "constrict" the cervical canal, as is often wrongly stated. This error is promulgated by certain of my medical opponents who have made much of the point in ignorance of the fact that it applies only to the totally different type of cap, *viz.* the *Portio* caps used on the Continent (see p. 173), and the illustration showing both a *Portio* and an occlusive cap in place in Pl. VIII.

As a result of the pinching of the dome of the Racial type of cap, when the cap finally expands, there is a certain mild degree of suction. This, in addition to the effect of the rim embedding itself in the soft relaxed muscular tissues, which tend to grip it firmly when the legs are stretched, as when standing or lying, together hold the cap firmly and securely in place, but without any possible injury or constriction.

Throughout my advocacy of the use of the occlusive type of cap this point in its favour has seemed so obvious that I confess I did not at first emphasize it. But as a result of ludicrous absurdities of misrepresentation which are sporadically dragged into discussion against the method, it seems necessary to make the point clear. Probably also the incorrect and

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misleading diagrams of an absurd little cap perched on the top of the cervical canal, which are sometimes supplied by commercial vendors of caps, have tended to perpetuate mistaken ideas about the method.

When first instructing a woman the practitioner should notice whether she has an abnormally long vaginal canal and unusually short fingers. If so, she will be unable herself to place the cap satisfactorily. In most women, however, the length of the vagina and the length of the first or middle finger are such as to make it quite easy for them to insert and remove the cap themselves.

Opponents of contraception have made much "copy" out of a case of a lady doctor who could not use the cap herself; from which the inference was drawn that the method was at fault! Whereas, in fact, the lady had particularly small hands and a long vagina, and it was merely a physical impossibility for her to reach her own cervical region. Such cases are infrequent, but as they attract much notice, each creates more impression than a hundred normal women.

The Racial and most other occlusive cap-pessaries are made in four sizes, Nos. 0, 1, 2 and 3. No. 1 or 2 being in general the size used by the average woman. Size No. 2 is found, after a good deal of experience, to be in much the greatest demand. If a woman has not suffered undue laceration at childbirth, even after she has had two or three children, size No. 3 is still too big for her and size No. 2 adequate. Size 0 is used by small childless women, but is in infrequent demand.

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In conjunction with the cap some prefer to use quinine ointment or jelly, smeared on it both internally and externally, partly to lubricate it in its passage up the vagina (which is often not necessary at all, or can be done more easily with slightly soapy water), and partly as an added precaution. This ointment, however, is not good for the cap. Some use jellies or ointments to smear the rim of the cap (see p. 118) or dip it in soapy water solely to lubricate it, while some women find it easier to insert it quite dry.

The commercial varieties of cap are usually sold with a ribbon or rubber attachment with which to pull it out. I find that this is inadvisable from several points of view. The most important objection to the woman tugging at the attachment is, in my opinion, the risk involved of drawing down or uncomfortably "sucking" the uterus. The properly adjusted cap adheres very tightly and mere pulling does not detach it, but it may induce elongation of the cervix or prolapse. Among opponents of contraception one of the whispered objections is that "methods cause prolapse"—and I fancy the grain of truth in this apparently ridiculous idea is due to the unintelligent tugging at the attachment of a well-placed cap. It is better for the attachments to be cut off, though that leaves a small, raw section of rubber and a little hollow in the rim which is less satisfactory than one made with a perfectly smooth rim, such as the Racial. Racial caps can be obtained without any attached loop. These are the best, and *I should like to see only these advised* until something even better

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is discovered. When it is desired to remove the cap this should be done with a jerk of the finger under the rim which detaches it easily and with no risk of such injury.

A cap very similar to the one I advocate for ordinary English women is specially prepared for Jewish women and used by Jewish midwives. It is much larger than anything we have found to be required by ordinary British women. This quite extraordinary difference in size raises an interesting question concerning the national characteristics of internal structure in women of different races. Here once again, proper study of contraceptive methods may bring to light features of general interest to all branches of medicine.

Comments.—SIR FRANCIS CHAMPNEYS, BART., M.D., interrogated in cross-examination by the Birth Rate Commission: "The other method we have had commonly practised are fixed pessaries precluding the entrance of spermatozoa into the cervix?" And his answer to that was: "I have never known any physical harm result from them if they are kept clean." ¹

I have no hesitation in confirming my 1918 statement that the right type of occlusive cap, if properly fitted and used correctly, is the best available method of contraception for *normal* and *healthy* women. It appears to us at our Clinics after the study of over 40,000 cases to be obviously unsuit-

¹ Report of the National Birth Rate Commission, 1917. "The Declining Birth Rate." Pp. xiv, 450. See p. 254. 2nd Ed. London, 1917.

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able for prolapsed wombs and injured cervices (see p. 231). Yet, most surprisingly, DR. KONIKOW in the United States especially mentions the type as suiting cases of retroversion or marked anteflexion.

A further advantage of this contraceptive measure is that the woman herself is responsible for its correct use, and she is safe even if her husband be drunken, careless, obstructive or antagonistic. The man has no discomfort from its use, for generally his penis cannot detect that it is there.

(34) Rubber cap-like pessaries similar to the above, but covered with a sponge on the convex surface.

The addition of the sponge, which is attached so as to cover the whole rubber cap (see Pl. IV, fig. 8) makes it possible to dip the cap into vinegar or a solution containing some other of the many spermaticides, and this double security is liked by some people. I think, however, that the method has all the disadvantages of the ordinary sponge as regards difficulty of cleaning, and that this destroys one of the great virtues of the simple type of cap, namely the ease with which it is cleaned. It also destroys its *lightness* which is valuable. I think the continued use of a cap rendered heavy by its attached sponge and the liquid it holds is more likely to have an injurious effect on some cervices than the cap by itself. Anyone desiring to add the sponge should insert a separate one after the cap is in place to avoid all these objections.

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(35) Cap-shaped pessary with a double ring and soft detachable cap called the "Mizpah."

The "Mizpah," when both parts are attached, looks very like the cap described above (number 33, p. 184), but it will be seen from the figure (Pl. III, fig. 5) that it has a double rim, the idea being that the thin cap portion which is detachable can be renewed. The caps are made in three sizes.

The general idea behind the use of the cap is similar to that discussed on p. 176, and need not be repeated.

As regards practical details this cap appears to me to have three major disadvantages. In the first place it can be used wrongly, and women in England have tried to leave the ring in place and detach the thin cap. The second disadvantage is that it is difficult for most women to attach the soft portion of the cap to the ring even when it is in their hands, and there seems no real advantage in the detachable portion which increases the skill needed in use. Then it is very difficult indeed to *clean* the double ring. The single cap all in one piece is both easier to use, and much *lighter*, and cleaner, all important considerations.

Comment.—There are advocates of birth control, however, who favour this particular form of cap. In all these detailed matters individual women will be found who favour one or other variety of the cap because it suits their own particular needs.

The "Mizpah" has most of the general advantages of the occlusive cervical cap.

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As it has a soft dome of sufficient size, it has not the disadvantages of No. 34, and may be recommended to those who like it, but DR. KONIKOW¹ says of her own patients, "ninety per cent. discard the Mizpah after a few weeks."

- (36) "Diaphragms" or hemispherical rubber caps with spring rim designed to lie aslant in the vagina so as to close the end of the vaginal canal—called "Large Mensinga," the "Dutch Cap," and "Haire," the "Clinocap" and also the "Ramses."

This type of cap, as seen in the illustration (Pl. III, fig. 6), differs from the other two in being a perfectly simple concave cap of thin rubber. It was described and figured long ago by MENSINGA.² Essentially it is the segment of a sphere, approaching in size but not quite a hemisphere. Inserted in its edge without any very definite thickening is a thin metal spring rim. In use this cap lies in the vagina convex side upwards, unlike the cervical cap, and is intended, not to cover the cervix in particular, but to close the whole end of the vagina. Indeed, according to DRs. LILY BUTLER and GLADYS COX, medical officers of the Walworth Centre, "the Walworth technique is based on the view that the maximum occlusion of the vagina is the object of its use."³ Some who use it profess great satisfaction with it, but there is a good deal of evidence that it

¹ DR. A. KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xi, 245. New York, 1931.

² MENSINGA (1888): "Facultative Sterilität," Part 2, supplement. Pp. 80, 2 plates. Leipzig, Seventh ed., 1900.

³ Letter on the Dutch Pessary in the *Lancet*, Sept. 6, 1930.

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is unreliable with several types of women and difficult to secure in place in order to maintain its position. FÜRBRINGER wrote against these caps many years ago, saying: "Their introduction requires as a rule a skilled hand," and "they easily get out of position," also "some of my patients have as a result of the constant manipulations acquired painful and persistent inflammations of the adnexa."¹ Though FÜRBRINGER does not say so, it is clear that this is due to the large size of the cap and its stiff steel rim; the small, soft, all-rubber cervical cap was not known to him when he advised the condom as being better than such caps as the above. The size used has to be so much larger than the natural size of the unstretched vaginal canal that the tendency is to expand the canal unduly, which is good neither for the man, nor the woman.

Diaphragms are made in a range of sizes (in diameters from 40 mm. to 100 mm.) but sizes 65 mm. to 75 mm. are those most commonly used. This very fact substantiates the above objections to its use, because anything introduced into the vagina with a diameter of that size, even though placed diagonally in the vaginal canal, must essentially lead to an unwholesome stretching in the average woman. It is used widely in Holland, but from what I know of Dutch women they are somewhat different from the English in build. In this country it was

¹ P. FÜRBRINGER, DR. MED. (1904) in "Health and Disease in Relation to Marriage and the Married State," edited by SENATOR and KAMINER. See art., "Sexual Hygiene in Married Life," pp. 209-242. English translation. London and New York, 1904.

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taken up by NORMAN HAIRE, M.B., and as he was actively advocating it I wrote the following letter to the *Lancet*,¹ the points in which have not been satisfactorily disposed of or answered:—

“In response to the challenge of DR. NORMAN HAIRE to name the physiological objections I have to the Dutch cap he prefers to use, may I first welcome the fact that DR. HAIRE when re-writing the practical instructions issued by the Malthusian League, so that they accepted my *main* thesis, viz., that the best form of contraceptive is an internal rubber cap worn by the woman. The differences between the different varieties of cap are minor though not unimportant.”

“My two main objections to the Dutch cap preferred by DR. HAIRE are, put very briefly: (1) It must be worn so as to cover the whole end of the vagina and depends on stretching the vaginal walls for its power to remain in position. For the same patient the diameter of the Dutch cap necessary is very much greater than that of the occlusive cap which does not stretch the vagina. The Dutch cap then stretches the vagina in such a way that certain movements of physiological value (particularly to the man), which ideally the woman should make, are then impossible. It is true that few women either know or practise complete physiological union in coitus, but that is no reason to justify the advocacy in general for normal women of an instrument which inherently prevents certain natural and valuable movements. The Dutch cap, however, is really

¹ The *Lancet*, 1922, vol. 203, No. 516, Sept. 9, p. 588.

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useful for slightly abnormal cases, such as very fat women, those with injured cervixes, &c. (2) My second objection is that it covers all the tissues at the end of the vagina and near the cervix, and these tissues are among the most sensitive (and probably absorptive) of the woman, and it is not good that they should be needlessly covered; they are not covered by the small occlusive cap.

“For these and other reasons I think the Dutch cap inferior to the small occlusive cap for normal women.”

This I followed by further details in a new edition of “Wise Parenthood,”¹ and added in the earlier editions of the present work after longer observation and experience, that the Dutch cap has a further disadvantage; namely, that after protracted use, the woman’s vaginal walls may become more and more stretched so that she, in time, requires a larger and larger size of cap. This was questioned by some medical practitioners, but has been amply confirmed by others, see for instance DR. KONIKOW in America. The stretching is unnatural and may be unpleasant to the husband, and in some women it certainly interferes with the proper muscular re-actions in orgasm.

This cap is still pressed upon the public by Norman Haire, M.B., and the “Walworth School” of English clinics regardless of the objections noted above, and of another and still more serious one: the metal band which formed the spring of the cap,

¹ MARIE C. STOPES (1922) (1st. edit., 1918): “Wise Parenthood.” Ninth edition. Pp. xii, 66. London, 1922.

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as used by Malthusians, was not welded but is bound by *rusting* wire with rough cut ends. At our Clinic we had a few of these caps for use in special cases where the occlusive cap cannot be used. There I soon noted rough projections under the rubber, which I cut open and found these raw wire ends under a very thin skin of rubber (see Pl. VI, fig. 4). If by chance they should be used by one of the types of women whose vaginal secretions are injurious to rubber, and she left it in too long—say a week or more—it obviously would be most likely that the thin skin of rubber over the rough wire would be broken and the raw end of the common wire might well cause lacerations either in the vaginal surfaces or the glans penis of the husband.¹ Here, it appears, may be that scrap of truth behind the mis-statement so often put into circulation by opponents of the movement for contraceptive knowledge, that “caps cause lacerations.” Our Clinic type of occlusive cap (see p. 181) does not and cannot cause lacerations because it is an entirely soft, all-rubber article; yet this Dutch diaphragm is sometimes mistakenly called an “occlusive,” and as there may have been lacerations from the wires in it described above, we see now how “the cap method” may be condemned in general by either careless observers or definite opponents who attribute to one

¹ These facts having been exposed by me in this book some years ago, manufacturers are now more careful so that some medicals, recently attached to the work, declare that they find no such rough wires in their caps, thinking to prove me wrong but really only demonstrating how widespread is the response to my suggestions of some time back.

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type of cap the faults inherent in another. A large number, even of the "Walworth School" of clinics, report that some husbands feel the rim of the Dutch cap painfully.

A further objection to the current commercial "Dutch" cap soon revealed itself in those used where necessary at our Clinic; the circular outline of the cap, on which its safety is dependent, is often very transient. Caps only used two or three times as sample ones for fitting purposes remained permanently out of shape in a few days—one of them, even after a single usage. Of course, if so large a cap is worn that the vagina is well stretched anyway, a slight distortion of the circumference of the cap would be of no moment; but I think a large cap which stretches the vagina has the serious disadvantages noted above; on the other hand, if a rather small cap of this type be worn so that the vagina is barely stretched enough to hold it in place, then the distortion of the circumference might well leave a gap between the cap and the vaginal wall at one region leading to failure, and such failures help to account for the idea that "caps are not safe."

A new type of "Dutch" cap, the "Clinocap" is specially bound to avoid the dangers described on p. 198, and has a much more resilient spring than the usual commercial type and is it now solely used at our Clinic, with, so far, good results.

An animated discussion took place in the *Lancet* (from July to September 1930) on the size of the Dutch cap. NORMAN HAIRE, M.B., who had advocated

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its use in this country, pointed out that though he began by using large sizes—seldom below 70 mm., “greater experience taught him that these were too large for most women,” and for many years now he has used much smaller sizes usually from 55 to 70, rarely below 50.¹ He was supported by DR. ELIZABETH SLOAN CHESSER² who said that in her experience the majority of women are best fitted with 50–55; though DR. J. R. EARP’S experience was that the size to fit his patients was “rarely less than 70 mm. and not very commonly more than 75 mm.”³ The following table from DR. KONIKOW’S book may further illuminate the problem, although I do not endorse all her recommendations therein.

SIZES OF CAPS USED AND ADVISED BY DR. KONIKOW⁴

Women married over eight months (no children)	Diaphragmatic from 60 to 75 mm.
Women with one child or more (at least eight months since confinement)	Diaphragmatic from 70 to 80 mm.
Newlyweds several weeks after marriage (Re-examination is necessary six months after first fitting)	Diaphragmatic from 55 to 65 mm. (If weak rim is needed, use Ramses or Durex.)
In narrow tight vaginas	Stopes No. 0, 1, or 2; Akma Hydome No. 0, 1, or 2.

¹ Letter on “The Dutch Pessary,” by NORMAN HAIRE, M.B. *The Lancet*, 26 July, 1930. London.

² Letter on “The Dutch Pessary,” *Lancet*, 16 Aug., 1930.

³ Ditto, *Lancet*, 27 Sept., 1930.

⁴ DR. ANTOINETTE KONIKOW (1931): “Physicians’ Manual of Birth Control.” Pp. xi, 245. New York 1931.

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CASES OF RETROVERSION OR MARKED ANTEFLEXION

Newlyweds	Akma Hydome No. 1 or 2; Stopes No. 1 or 2; French No. 38.
Married many years	French No. 38 or 240, sometimes Jumbo.
Third degree retroversion, cervix near symphysis	Diaphragmatic from 70 to 80 mm.
If patient cannot use French pessary (No. 38 or 240)	Mizpah medium. (After patient learns more about her body, change to French.)
In women with large distended vaginas—with cystoceles or rectoceles	Jumbo; Akma Hydome No. 1 or 2; Stopes No. 1 or 2.

In an article on the seventh international Birth Control Congress in Zürich¹ the *Lancet* pointed out that the experience from the Clinics is to show that they fit the larger rather than the smaller sizes, viz. 70 to 75 or 80.

To insert the Diaphragm. According to DR. NORMAN HAIRE, its chief protagonist in England, he advises his patients to:—

“Squeeze the rim together. Now, keeping the dome towards you and the hollow side away from you, insert it into the front passage, and push it towards your backbone rather than towards your head. When it is in as far as possible, nothing but a small part of the rim will be felt. Push this straight up behind the pubic bone which can be felt in front.

¹ Article (unsigned): “Problems of Birth Control,” the *Lancet*, 20 Sept., 1930 London.

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The dome is next to the womb and the hollow side outwards. Once the pessary is properly placed, you should not be conscious that it is there. If it is uncomfortable for you or your husband, either it does not fit correctly or it is not properly placed. If the pessary is used when you are very constipated, the matter in the bowel may push the pessary out of place, so that it no longer protects you against pregnancy. The bowels should move at least once every day."

Illustrations from DR. LEUNBACH showing right and wrong positions of the diaphragm cap are given on Plate IX. A full account of its American usage, with many illustrations, is given by CLARK.¹

Some advise the Dutch cap by itself, but, as DR. HELENA WRIGHT says, "Sperms are able to swim up the moist vaginal walls past the rim,"² so that *douching* (objections to which see p. 142) is recommended by some clinics other than the C.B.C.

Comment.—I condemn it for *general* use, and consider it unwholesome owing to the stretching of the vaginal canal, and the resultant evils.

When the caps are properly constructed the Dutch type are useful in certain cases, as for instance for a woman with a very short forefinger, or a very fat woman with the local parts stretched and displaced, for in such it *may* be the only form of cap which she may succeed in placing correctly herself. On the whole, however, I am not particularly in

¹ LE MON CLARK: "The Vaginal Diaphragm." Pp. 107. Illustr. St. Louis, 1939.

² Letter to the *Lancet* on "The Dutch Pessary," 8 Aug., 1930.

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favour of it, except as a "second choice" for special and difficult cases (see also p. 237).

The *Ramses* is a modification of the Dutch cap, in which the dome is higher and more hemispherical and the rim thicker and rounder than in the Dutch, thus tending in external appearance more towards the occlusive type. The rim, however, contains a coiled wire spring, and the dome is of transparent rather sticky rubber which adheres together inconveniently with the slightest pinch. DR. KONIKOW says in "The Ramses made in Germany . . . the rim is too weak and the rubber deteriorates rapidly whether it is used or not. The American Ramses is a reproduction of the German with better rubber and a firmer rim." The dome of the American Ramses, however, is also unpleasantly adhesive to itself and the spring thick and ungainly though weak. It is made in sizes 55 to 90 mm.

These caps and other trade brands like them are also made in a range of sizes varying about two mm. to five mm. in diameter per size.

The use of these caps by DR. KONIKOW exactly reverses our C.B.C. use, she using the Dutch or Ramses for *normal* cases and the small occlusive of our type for abnormalities, while we use the Racial occlusive type for the *normal* with great success and the Dutch for abnormalities. We do not use the Ramses at all because of the defects noted above.

(37) "Matrisalus" pessary, rubber cap of turtle back shape.

This is a form of rubber cap somewhat allied to the Dutch cap (see Pl. IV, fig. 9) but not circular.

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It is more limpet or turtle-backed in shape, and its zygomorphic form makes its insertion more difficult than that of the circular pessaries, as it is necessary for it to be correctly oriented and for the narrower end to be placed in the posterior and the larger end in the anterior regions of the vaginal sinus. Its placing is therefore rather difficult, and special forceps have been designed for its application. Its sole advantage appears to be that, once inserted correctly, it is very little liable to displacement.

It is used on the Continent for cases of abnormal cervix and other such difficult conditions, and is inserted by a medical practitioner or trained nurse.

(38) Flat lens-shaped caps designed to close the end of the vaginal canal, including “ ‘Dumas’ Antigeniture.”

As is shown in the illustration (Pl. IV, fig. 7), this form of cap differs from the above in being a solid, heavy, lens-shaped, flat piece of rubber which is designed to close the end of the vaginal canal and not to fit specifically over the cervical canal. It is now made in 3 sizes. Curiously enough, although so much simpler in construction, it was at first much more expensive, and was therefore often foisted off on unsuspecting inquirers in the belief that, being more expensive, it is a “better article.” It is now much cheaper and it is sometimes used for cases with amputated cervixes; and the Wolverhampton Clinic has had two hundred fitted. But for general use in my opinion it has a variety of quite serious drawbacks, and in a good many

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instances where there has been objection to contraceptive caps on the ground of harmfulness, the cap which was supposed to be representative of the occlusive cap was actually of this type. My main objections to it are that it crushes against the neck of the cervix, and thus tends to close or distort the cervix; that it allows no space for unexpected menstrual flow or for normal secretions exuded during coitus; and that being hard and firm it does not allow any possibility of interlocking between the glans penis and the cervical canal. Since I published this comment, it has been modified and a more pliable raised centre has been added, and it now has quite a high dome and is unlike what it was originally.

ILLUSTRATIVE CASE

A complaint was made in writing to me of "failure of my method." I asked to see the cap used, as I always do, and found it was the flat solid cap called "'Dumas' Antigeniture." I pointed out this was not only not the type of cap I advise, but very fundamentally different from it; and was told by the woman that it must be better, as it is the same thing, only more expensive! Credulous patients should always be particularly warned against the common error that expensive trade remedies are better than simple good ones.

Comment.—I not only condemn the general use of this form of cap whatever its make, but regret that the objections which apply to it are often, through ignorance, supposed to apply to the true

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occlusive cap. This uncritical carelessness of those who condemn "caps" has done much harm.

(39) Balls of plain spherical rubber, children's playing balls.

Balls (just the ordinary small plain rubber playing ball of soft rubber) were long since advised by DR. ANTON NYSTROEM.¹ The size used should be about $1\frac{1}{8}$ to $1\frac{3}{4}$ inches in diameter. The principle of their application is similar to the Dutch cap (see p. 194) but they should avoid some of the disadvantages of those caps. They are, however, difficult to remove without discomfort. Some Continental medical practitioners advise them.

I have never known any case of their use.

(40) The "Secura" air-cushion or ball pessary.

This very elaborate pessary is, in a sense, a modification of the simple ball pessary. It is made of thin rubber which is blown up *after* its entry in the vaginal canal till it is the shape of a ball which tightly fits the end of the vagina. In addition it has a collar of rather stiff rubber directed so as to face the exit of the canal, while the opposite side of the ball surface has a circular pocket like that illustrated for a cap in fig. 6, Pl. VI.

The "Secura" air cushion pessary was invented by DR. LEONHARDT, and described by him in somewhat simpler forms at the Congress in Copenhagen, and in its present elaborated form at the Sex Reform Congress in London in 1929. Its detailed descrip-

¹ See p. 79 in G. HARDY'S "How to Prevent Pregnancy." Pp. 94. 39 illustrations. Paris, 1916.

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tion is given in the Proceedings of the Congress.¹ A special instrument is required for its insertion, and its inflation after insertion takes place through a small attached tube which lies along the vaginal canal and remains protruding. DR. LEONHARDT claims that when fully inflated the air cushion applies itself closely to the whole surface of the canal and also to the cervical opening. An ointment is recommended with it which is composed of quinine sulphate, boric acid, glycerine, tragacanth and starch. The pocket outside the cushion ensures a quantity of the ointment where it is most wanted. It is made in two sizes.

The inventor has made five experiments on sows which satisfied him that sperm would not travel past the inflated ball.

Comment.—The mechanism revolts all my feminine instincts, and I cannot imagine the mentality of any woman who uses it. Specimens of the apparatus may be seen at the C.B.C. Museum at 108 Whitfield Street, London, W.1. We know of no case of its use.

(41) Large membranous or rubber sheaths, the "Capote Anglais," calculated to cover the internal female organs completely, acting like the male sheath in preventing contact of the seminal fluid with the vaginal surface (Pl. IV, fig. 10).

A variety of these large internal sheaths for the vagina are made in one form or another. For instance

¹ DR. W. LEONHARDT (1929): "Das Luftkissenpessar 'Secura.'" *Proceedings Sex Reform Congress*, London, Pp. xl, 670, see pp. 212-218, 618-619, 3 figs London, 1930.

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one is advertised as "DR. KING'S," another as the "Mother of a family." All have an oval inflated rim with a long condom-like sheath of thinner rubber attached. In theory they resemble the condom, being merely in one way a reversed condom applied as a lining for the vagina instead of a covering for the penis.

From the point of view of the woman they have all the disadvantages of the condom in so far as they prevent contact of the male organ and female epithelium, and hence also, of course, prevent the absorption of the seminal fluids. From the point of view of the man they have some of the same disadvantages as the condom, but they do avoid the personal discomfort to him which so often leads to a reduction of his erection after applying the condom himself.

Sometimes a woman is aware of her husband's contamination with venereal disease, and also his callous refusal to take trouble to prevent her infection. Such an unfortunate wife should certainly use this protective sheath; it is the only feminine method offering anything approaching safety from venereal infection. It *may* also be used with advantage if the gravity of an unexpected pregnancy is extreme, as it is a secure preventive, though it requires great care when entry of the male organ takes place.

CHAPTER VII

Contraceptives in Use, Described and Discussed (*continued*)

APPLIANCES USED BY THE WOMAN WHICH PENE- TRATE THE UTERUS ITSELF

- (42) Inter-uterine springs, studs, metal buttons, the "Gold Spring" or "Wishbone" pessary, metal cigar-like structures in a great variety of shapes and forms designed to enter the cervical canal, and some also to fill the uterus.

It is curious that almost every amateur in contraception thinks first of a simple stud or button to plug the cervical canal. In the last few years I have had a large variety of these "inventions" brought to me. Also a great many varieties in current use are shown to me from time to time by medical men and others. There seems no end to the shapes, forms and materials of such devices. From simple studs, not unlike a large collar stud, to a complicated fluted metal instrument nearly as large as a cigar, almost every range of variety and shape that could be imagined seems to have been fashioned by one person or another, and used successfully by some women in some part of the world.

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In general I think any simple stud or contrivance calculated merely to fill the lumen of the cervical canal, is *theoretically* unsound and probably detrimental in practice. Nevertheless, I know such simple studs are advised by some medical men, and used successfully, but in general I feel they are probably not very safe as contraceptives. For slightly "frigid" women they may be quite successful, but I cannot imagine them succeeding with a woman sufficiently strongly sexed for the natural opening and aspiration of the os during coitus. The smooth-stalked stud or button would simply drop out and be useless. The plugging of the cervical canal and consequent closing of the exit for any extruded secretion is also not to be recommended, and is a very different thing indeed from the covering over of the external os with a cap which allows sufficient space for the natural requirements of exuded secretions during coitus.

There is also in every form of inter- and intra-uterine device the danger of carrying infection into the uterus, and in the inter-uterine devices which keep the cervical canal partly open the danger is persistent.

Nevertheless many distinguished Continental medical practitioners view these contrivances with not only approval, but with enthusiasm, and one learned M.D. from S. America with whom I discussed the matter at great length maintained his advocacy of a very simple stud-like form as the *best* contraceptive possible. Figs. 7 to 9, Pl. V, illustrate varieties of these studs.

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In the first edition of this book, I did not illustrate or discuss in much detail metal contrivances of any sort, as I published the book very shortly after the great legal action in which I had been virulently abused in Court for informing British readers of what was common knowledge to the medical profession on the Continent and in America concerning one metal instrument (fig. 10, Pl. V). I thought it wiser, therefore, at that time to leave out descriptions of metal and other forms, both external cervical caps and intra-cervical apparatus of various sorts. This was all the easier as I did not, and do not, think them advisable for use by normal women. I felt at the time that the book was not complete without mention of these facts which were known to me, and in the second edition I amplified the work by referring to them briefly and illustrating them on the additional plate (Pl. V, figs. 7 to 10), as it seemed to me intolerable that reactionaries should coerce one to keep the thoughtful reader in ignorance of what is well known outside this country, even although none of these metal instruments seem to me to be at all suitable for normal use and most of them appear to be entirely unpractical and unsatisfactory.

Even now I do not consider the full range of these instruments worth description or illustration. They exist in a great variety of shapes and designs, and in the last few years even more varieties have been placed on the market by numerous traders patenting slight variations on existing ideas in commercial efforts ever to offer fresh things on this subject to

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an eager and gullible public. Some are designed to cover, some to enter the length of the cervical canal; others to penetrate into the body of the uterus itself. One of these (now illustrated in fig. 8, Pl. V) is a simple button of ivory with a catgut loop (see Pl. V). This is Dr. Pust's type of pessary, of which the catgut loop penetrates into the cavity of the uterus.

An almost identical instrument is described in the *Ars Medici*¹ (p. 280). "It consists of a flat glass button, and loop of silk-worm threads twisted into a stem below the glass knob. The pessary sits well in the uterus, and the glass plate hermetically closes the external os uteri. It is easily inserted by means of a sound, and may easily be disinfected."

The "Gold Spring" or "Wishbone" pessary is a variety of "stud" (fig. 10, Pl. V), which has become rather well known from its use in the United States and continental countries, though it is in disfavour with some Americans.² It is so made as not to block the lumen of the os, and thus permits the exit of the natural secretions as they arise. It is a somewhat more carefully thought-out variety of the "stud" form with a bifurcated stalk, long known and illustrated in this country, as, for instance, in Down Bros.' historical surgical catalogue in which are figured similar appliances which were invented and used thirty or forty years ago.

I am not aware who was the individual who first

¹ *Ars Medici* (1923), vol. i, No. 6, p. 280, June 1, Vienna, 1923.

² See DR. ANTOINETTE KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xi, 245. New York, 1931.

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devised this particular form of pessary, nor who are the chief designers of the modifications. It is catalogued in New York as being "made after the design and suggestion of three prominent New York gynæcologists."

When I drew attention to this method in this country I did so from first-hand discussion with doctors practised in its wide and successful use in America, and I did so unaware that English doctors knew so little about it and that most had not the necessary technique either as regards its insertion or its after-care. The latter is essential. I have discussed it fully with a doctor who has had a thousand successful cases, who pointed out that the size and proportion of the pessary should be made in accord with the individual woman using it (a point, I think, universally overlooked by practitioners in Britain who have condemned it), and that it necessitates a continued supervision of the patient to the extent of an examination, removal, and cleansing at intervals of two or three months. Although I have also heard from others who use such an instrument that they inspect it in their patients only every six months, the risk lies in patients who neglect to return.

Some of those who oppose contraception either on principle or from prejudice have attacked this method as an "abortifacient." This is essentially untrue. Although if *carelessly inserted* or neglected after its insertion it *may* become such, it must not be forgotten that anything improperly used—a crochet-hook or a finger may become an "abortifacient." A small illustration of the spring was

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given in the *Lancet*¹ with comments. MR. NORMAN HAIRE, M.B., described the appliance as an abortifacient, but without first acquainting himself with the fact of its use by responsible and important doctors as a pure contraceptive. MR. HAIRE, M.B., again attacked the pessary, and also me for my "ignorance of medical matters" for describing it. He is answered by the fact that simultaneously with the publication of his attack on me in the *Lancet*, the *British Medical Journal* published a letter from a medical practitioner not merely advocating its use, but its *compulsory* use! Doctor VERCOE said²: "In cases unable to maintain themselves or their children the woman should be temporarily sterilized by compulsion for varying periods—for example, by the insertion of the spring wish-bone pessary." On other points also I replied to MR. HAIRE in the *Lancet*.³ My knowledge of this type of spring is chiefly at first hand, from personal discussions, but before the second edition of this book I received a letter from an important American doctor who wrote: "You are quite right in believing that I have myself used it in suitable cases quite extensively for a number of years. It has proved in every instance quite effective." And this year (1931) a London man who has had some 500 cases wrote to me in favour of it.

The most serious argument against its use is

¹ *Lancet*, November 12, 1921, p. 1003.

² R. H. VERCOE (1922), letter in *Brit. Med. Journ.*, No. 3216, August 19, 1922, p. 327.

³ M. C. STOPES (1922), letter in *Lancet*, No. 5166, September 2, 1922, p. 539.

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one which applies to all types of inter-uterine stem pessaries, viz., that it keeps the cervical canal extended, and is thus a possible danger by facilitating infection.

It should be noted that there is a considerable range of sizes and variety of makes to suit the special configuration of the individual patient. A special carrier for insertion is required, and after-care is essential.

Until recently this method was the only one available which might have been used to deal with cases which otherwise should be sterilized. However, the pessary is made variously of silver, silver gilt, pure gold or platinum and is therefore too expensive for a really poor patient. The silver ring (see p. 218) is of use for this type now and with all its faults is probably preferable, though I should hesitate myself ever to advise it to any woman.

One medical practitioner in New York told me that the gold spring was used in the first instance for women who did not conceive owing to the persistent closure of the cervical canal, the pessary was inserted in order to stretch the canal and keep it open. After being used for that purpose for a few months it was removed, pregnancy ensued, and then after the desired birth it was reinserted with a view to keeping the woman free from further conception till such was again desired. It would take too much space to discuss the matter fully, but it should be borne in mind that the theoretical considerations guiding its use depend on the very important, though too generally overlooked, distinction between *fertilization*

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and *conception*. The ovum *may* (though not likely) be fertilized, but the action of the spring is to cause the uterus to throw it off *before* conception takes place and while it is yet free-moving. In this connection the reader is advised to study the admirable chapters in BALLANTYNE'S great work.¹

The method in my opinion is not suitable for women who wish merely to space desired children, as it is said that if the "wishbone" is persistently used it tends to make the uterus disinclined to settle down with a true conception.

It has of course an advantage over all other methods except the silver ring in not requiring daily care, and therefore it interferes the least with the psychological reactions of coitus, because once inserted it requires no further thought on the part of the patient beyond intermittent visits to her doctor to have it attended to, and can be forgotten by her for weeks at a time. On the other hand, it does interfere by irritation, with the general health. Some women find it unbearable. It is, also, a special pet of the profiteers. DR. KONIKOW saying² "Some people have been known to pay as high as one hundred dollars" (£20) and "its high price seems to impress women. They think at such a cost they are surely getting the best." An honest physician teaches his patients that in science and medicine price is no true criterion of value.

¹ J. W. BALLANTYNE, M.D. (1904), "Manual of Ante-natal Pathology and Hygiene: the Embryo." Pp. xix, 697. 95 illustrations. Edinburgh, 1904.

² DR. ANTOINETTE KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xi, 245. New York 1931.

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ILLUSTRATIVE CASE

CASE No. 2024.—Woman with two children, the younger 9 months old and delicate. This case is interesting as she is the only one known to me who found the small occlusive cap pessary gave a sense of irritation although it was not uncomfortable. This patient urgently required a reliable method as she preferred death to having another child, her baby was extremely delicate and her husband in financial difficulties. The gold spring pessary was inserted by her family practitioner. Slight coloured discharge ensued for a couple of weeks and heavy menstrual periods for two months. A year and a half later she writes “up to now it has proved a tremendous success. I have had no discomfort after the first two months.” As she was leaving England the spring was removed, and she writes “I shall certainly have it replaced . . . it has been my best friend.”

Comment.—I hesitate to advocate any varieties of the above methods for general use, but there is no doubt that some modification or other of these appliances which penetrate the os have proved valuable in some cases and deserve attention. I feel that a doctor who takes the trouble thoroughly to acquaint himself with varieties of the method may be doing most useful service, particularly in connection with women physically incompetent again to be mothers and who yet either dread or are unable to afford the operation of sterilization, though I certainly think sterilization is preferable.

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(43) Intra-uterine Catgut loops, "Stars" and "Silver rings" evolved therefrom. Rings known in general as the Graefenberg ring.

A modification and extension of the idea of the catgut ring attached to the cervical button (see Pl. V, fig. 8, and p. 212) is the isolated ring lying entirely within the body of the uterus, but eliminating the glass button altogether, and consisting only of a long loop of catgut, described by DR. RICHTER¹ in 1909, and brought to my notice by DR. ASHKENASAY, who informed me he had used the method in his practice.

An Austrian apparatus of silver called the "Uterop" may be mentioned here; it is designed to enter the womb itself and is supposed to be left in weeks at a time.

An extension of the same type of thing, called "Venor," is used in Germany, and is designed so as to fill the cavity of the uterus.

These two last are somewhat in the nature of "freak" instruments, but modifications of the catgut loops and rings are widely known. DR. GRAEFENBERG of Berlin has become identified with this type of apparatus. He used stars of silk and rings of silk and silver thread which were inserted through the cervical canal and left lying within the uterine cavity so that no communicating part remained in the cervical canal. See figures 1-3, Plate VII.

Meticulous precautions to secure surgical cleanli-

¹ R. RICHTER (1909): "Ein Mittel zur Verhütung der Konseption," *Deuts. med. Wochenschrift*. No. 35, pp. 1525-27. text fig., Berlin, 1909.

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ness are requisite and skill and experience in the insertion are necessary. That the technique of insertion is somewhat complicated may be realised from the instruments required (see fig. 3, Pl. VII). The moment of entry of the instrument into the uterus involves the risk of uterine invasion by infections which must be guarded against.

Dr. Graefenberg has inserted over eleven hundred of his rings and an account of his technique and views may be found in the pamphlet published by DR. BENDIX, reprinting the Berlin lectures.¹ English-speaking readers may find it more convenient to refer to Graefenberg's lecture in London which is published with an English résumé.²

Graefenberg points out the disadvantages of any foreign body within the uterus which maintains direct communication with the vaginal canal, as it must inevitably provide a condition whereby germs may readily enter the uterus. This disadvantage applies, of course, to the instruments described *ante* in section 42, p. 209, and any variations of these.

Graefenberg early abandoned the use of the silkworm gut "stars" for he found that they were so compressible that they were often extruded as a result of contractions of the uterus. Sometimes this extrusion took place without the knowledge of the patients who had continued to trust that they were

¹ ERNST GRAEFENBERG (1928): "Silk als Antikonzipiens," in *Geburten Regelung*, Pp. 131, illustr. Berlin, 1928. See pp. 50-64.

² ERNST GRAEFENBERG (1929): "Die Intrauterine Methode der Konzeptions-verhütung." Proceedings of the third Sex Reform Congress. Pp. xl., 670. See pp. 116, 125, 2 pls. and pp. 610-617 (translated). London, 1930.

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present and were thus surprised to find themselves pregnant. To prevent this extrusion Graefenberg abandoned the star in favour of the ring held together with silver wire which was less compressible. This in turn was abandoned in favour of a ring made solely of twisted silver wire.

The ring Graefenberg uses is, in most cases, two centimetres in diameter, which is intended for a uterus of the depth of 7 cm., when the ring is supposed to lie in contact with all its surfaces. If the uterine cavity is abnormally large Graefenberg uses a ring of $2\frac{1}{2}$, even 3 cm. in diameter. He advises that care must be taken that the lower part of the ring is well within the cavity. The technique of insertion is described by Graefenberg as being very simple, but obviously it should not be attempted without direct personal instruction and demonstration from an experienced specialist.

Graefenberg contends that the ring may be left in for at least one year, and sees no reason for finding it harmful to leave it in longer, but advises that it should be examined once a year.

After insertion the patients' temperature must be watched carefully for three or four days. Slight pain invariably follows its insertion, and a slight bloody discharge is almost invariable. Graefenberg also records his view that a slight blood-stained discharge before the menstrual period must be regarded as normal after insertion.

It is claimed that the woman is not conscious of the ring's presence, and that the result is harmless.

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Graefenberg himself, however, acknowledges that the silver ring is not a suitable contraceptive for all cases, for if the adnexa are at all inflamed the introduction of a foreign body may aggravate the condition. It is also important to avoid the introduction of germs into the uterus from the vagina so that the vaginal secretions must be examined carefully before application. If they are at all septic, or if the vaginal flora is suspicious one must avoid using the ring, and especially if any Gonococci are detected. "Further contra-indications are menorrhagia, or metorrhagia as in metritis, endometritis, and submucous myomata." All these and other dangers must be guarded against by a thorough previous examination. Graefenberg thinks that a retroflexed uterus, provided there are no complications, is not a contra-indication; and that vaginal catarrh or serious inflammation of the vulva should be treated before the ring is inserted.

Dr. Graefenberg claims satisfactory results with the silver ring, which are a great improvement on those achieved by the silkworm gut stars which were extruded in 8.2 per cent.; the silkworm gut ring gave better results, with a loss of only 1.25 per cent., and the silver ring was only lost once in his cases. NORMAN HAIRE, M.B., inserted it in about 400 cases; 70 per cent only were satisfactory.

I have had no direct personal experience of the ring, as its use is against the policy of my clinics, I have heard of three cases of London women wherein the ring was extruded and entirely lost without the woman's knowledge when

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or where it vanished. DR. LEUNBACH in Copenhagen has also had several cases of spontaneous loss of the ring.

This spontaneous loss of the ring is of considerable interest in connection with my observations on Coital Interlocking (see p. 233). The loss of such a large, solid silver ring by a normal cervical canal indicating that the cervical canal has no difficulty in originating that degree of spontaneous mobility which I postulate and which critics of my theory of coital interlocking deny. The loss of the ring therefore offers a curious piece of indirect evidence in favour of my view.

The satisfaction felt by Drs. Graefenberg and Haire with intra-uterine methods is, however, not universally shared, and in the *Lancet* (21 Sept. 1929) the writer of the article on the "Technique of Birth Control" said "The theoretical considerations which underlie Dr. Graefenberg's method do not commend themselves to orthodox medical opinion in this country." MR. HAROLD CHAPPLE, Senior Obstetric surgeon and Gynæcologist at Guy's Hospital also expressed his own feeling against it at his lecture before the Royal Institute of Public Health.¹ In Denmark also dissatisfaction is felt, and DR. LEUNBACH² says "the silver ring method has not fulfilled the promises which it first held out"

¹ HAROLD CHAPPLE (1930): "Contraceptive Responsibilities of the Medical Practitioner," *Roy. Inst. Public Health* (London), 27th Nov., 1930.

² DR. J. H. LEUNBACH (1930): "The Technique of Contraception," pp. 5-11, in "International Medical Group for the investigation of Contraception, Third Issue." London, 1930.

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... "I have to confess that the method is not at all reliable" ... and "is far from harmless."

At the second International Congress for Sex Research (1930), held at the rooms of the British Medical Association, London, PROF. FRAENKEL, Germany's leading gynæcologist and obstetrician, spoke extremely strongly against the method. He pointed out that the perpetually hypertrophied endometrium it caused was in itself sufficient evidence against the ring, for a woman permanently in such a condition could not be described as in normal health. The ring does not meet the need for a method to space births in *normal* circumstances.

In England feeling against the instrument is developing, as came out in the discussion at the lecture at the Roy. Institute of Public Health by DR. MAUDE KERSLAKE on "Contraceptive Problems of Destitute or Injured Women" on the 20th Nov., 1930. Then a medical man interested in the discussion raised the point as to whether the presence of the ring would not cause the type of irritation leading to cancer. He wrote to me afterwards that if so, "it didn't really matter" for "the moment there came a suspicion the uterus could easily be removed"!

IN GENERAL

That instruments of these types are not to be treated lightly is shown in the interesting paper by PROF. WALTHARD on the Prevention of Maternal Mortality.¹ On p. 721 he says, as follows: "One part of

¹ M. WALTHARD (1929): "The Prevention of Maternal Mortality," *Journ. State Medicine*, vol. 37, No. 12, pp. 710-722, Dec., 1929 London.

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this mortality is due to attempts to prevent conception by the introduction and the wearing of instruments in the cavity of the womb, such as silkworm-brushes, sterilets, obturators for the womb, and intra-uterine pessaries. In the following chart of A. Reist, M.D. (elaborated at the Gynaecological Clinic of Zürich), you see the terribly dangerous influence of these instruments on the women wearing them. The chart contains well-observed cases reported truly in the Gynaecological literature."

CHART IV

Death by inflammation in the abdominal cavity (Peritonitis)	17
Purulent inflammation of the Fallopian tube and the ovaries	70
General Peritonitis	38
Localised Peritonitis	6
Conception in the womb during wearing the instru- ments, disturbances of the natural bacteriological self-defence of the womb and puerperal infection during the pregnancy	62
Conception and pregnancy in the Fallopian tube ..	4
Perforation of the instruments through the uterine wall	5
Perforation of the instruments through the vaginal wall	1
Perforation of the instruments into the urinary-bladder	1
Perforation of the instruments into the bowels ..	2
Perforation of the instruments into the abdominal cavity	1
Inflammation of the womb	75
Ulceration of the external mouth of the womb ..	12
Hæmorrhages between menstruation	60
Menstrual colics	28

DR. REIST in direct correspondence about these figures kindly informed me that at the Universitäts

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Frauenklinik in Zürich, seven cases of severe injuries were observed in one year, he added "it is absolutely beyond doubt, however, that the number of injuries in Zürich alone is ten times as much as in our Clinic." Reference should be made to his published paper on intra-uterine methods¹ in which many other references will be found.

Dr. Fraenkel of Breslau strongly condemned such intra-uterine devices in his book for medical men.²

Injurious chemical effects of the silver Graefenberg ring were detected and discussed by Carleton.³

Briefly one may say that neither the inter- nor intra-uterine methods described in the last two sections (p. 211 et seq) afford that degree of safety and harmlessness which are truly requisite in a method to be generally approved.

¹ ALFRED REIST (1924): "Die Gefahren der zur Konzeptionsverhütung intrauterin eingeführten sogenannten Sterilette oder Obturatoren, sowie des Fructulets von Nassauer," *Swiss. Med. Wochenschrift*, Vol. 54, No. 29, reprint Pp. 22. Basel, 1924.

² LUDWIG FRAENKEL (1932): "Die Empfängnis-Verhütung." Pp. 212. Illustr. Stuttgart, 1932.

³ H. M. CARLETON: "The Pathology of Contraception" chapter in Baker's "The Chemical Control of Contraception." London, 1935.

CHAPTER VIII

Contraceptives for Some Special Cases

IN the course of the descriptions of the various methods of contraception in current use, some indication of their value in special cases has already been given. It may be useful, however, to be more explicit about some of the difficulties which are of fairly common occurrence and which present themselves as special problems.

For normal couples on the bridal night.

Though it may well be argued that on the bridal night no thought of contraceptives should arise, yet for perfectly good reasons, either medical, financial, or due to the necessities of travel in remote districts, some bridal couples may require to use a contraceptive. It is true that the risk of pregnancy resulting from the first unions is much less than is generally supposed, but there are circumstances which demand that a young couple should take no risk whatever. The assumption properly is that the bride is still *virgo intacta*; and therefore any preventive measure to be used by the woman should be in the ordinary way impossible. It is true that nowa-

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days an increasing number of girls have, through athletic activity and other natural causes, had the hymen already ruptured; but a hymen partially, or even completely ruptured in this accidental way does not involve the internal stretching which is caused by successive acts of coitus, so that the bride is not physically in a condition to wear the occlusive cap, and though she *might* be able to utilize a soluble suppository, it is very liable to cause soreness and irritation in the first few days owing to the laceration and tenderness normal at the bridal period. Without doubt for the first two or three weeks of marriage responsibility for the contraceptive measures taken should properly devolve on the man.

When asked, as I frequently am, what course should be pursued by a young couple with good reasons to take contraceptive measures on the bridal night I generally recommend that for the first few weeks of marriage the man should use the ordinary condom or sheath (see p. 155) well lubricated. This has a double advantage because it not infrequently happens, particularly with men who have lived honourable lives, that at first the man may be inexperienced and hence a little clumsy and thus fail in the proper placement of the ejaculate. The use of the sheath prevents accidents which, unless guarded against, cause such revulsion on the part of the bride that the effect may be life-long and ineradicable. The sheath is indeed well-nigh essential in cases (which are actually very much more numerous than seems to be realized) of men who, for the first few weeks at least of their marriage, are

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inclined to premature ejaculation as a result of overstrain and excitement. Another advantage of the temporary use of the condom by the bridegroom is that it tends to retard somewhat the man's natural excitation and to make it easier for him to proceed with less haste than might otherwise be possible. As I have already pointed out in "*Married Love*" the woman is very apt under modern civilized conditions to suffer deprivation of the completed coital act owing to the excessive speed of the husband's completion of his share of the mutual rite.

After a few weeks of marriage when the local soreness due to the rupture of the hymen has entirely ceased, and the bride is able to take the necessary precautions herself, the cessation of the sheath and the use of the internal occlusive cap (see p. 176) by the woman should be advised.

Those who give brides the Dutch or other form of diaphragm cap instead of the more suitable occlusive such as the RACIAL, should be reminded that DR. KONIKOW says "A newly wed needs at first a weak spring such as that in the Durex or sometimes even one as weak as that in the German Ramses" . . . "If one starts a newly wed with 50 or 55 mm. one must ask her to return in three or four weeks to change it, usually for 60 mm. with a firmer rim. If great relaxation is found in a short time, it is better to see her again in two or three months because she may need the next size 65 mm."¹

For patients who can pay repeated doctors' fees

¹ DR. ANTOINETTE KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xiii, 145. New York 1931.

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this is good business for the doctors, but such advice is not of much use for poverty-stricken or clinic patients. As regards sizes reference back to the discussion on sizes on p. 199 should be made.

Brides are often shy, and in England at any rate prefer a cap which does not require such repeated changes of size. This they find in a properly fitted Racial occlusive.

For cases warped by FEAR, either as suppressed neuroses or in an active and conscious form.

Unless the young woman has seen in her own home her mother brutally treated and martyred to child-bearing, *fear* of childbirth and pregnancy is not characteristic of the woman who has not borne a child. Indeed, I think I may safely say that the great majority of healthy happy young women take on gaily their first motherhood. Thereafter their individual circumstances determine whether or not fear will develop.

In all the medical and scientific works I have read I think nowhere is justice done to the health-destroying, home-wrecking work of *fear* of pregnancy in our modern civilization. This fear in a woman is often less on her own behalf than on behalf of her husband, her children, or the family resources, and a number of other unselfish considerations; but the fact remains that fear of pregnancy is so intense as to hang like a great fog-cloud murkily ever-present and dimming the health of large numbers of our people. Facts from a number of such fear-haunted

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lives are given in my book *Mother England*.¹ A woman in whom this fear is developed and who has tried some one or more "recommended" contraceptive which has failed her, is often a difficult case to advise. If her sufferings have been intense she may be unconvinced by any argument and no matter how bad the results in other ways, she will persist in her refusal to have coitus with her husband. Individual care, instructive talks and explanations of the harm this causes both to herself and her husband, and demonstrations of just *how* the advised contraceptives act, should coincide with reading by the patient herself of as much in the way of scientific and explanatory literature² as she has the education to understand. A personal local examination, and, if suitable, the fitting of the cap or pessary and a demonstration by a doctor or midwife are essential. According to the degree of fear developed, three simultaneous or two simultaneous methods should be advised with an explanation of how greatly the security is increased by such duplication of safeguards.

Cases with depressed or amputated cervix.

A case who may be, in every other respect, entirely normal and for whom therefore the method of contraception which should be advised is the cervical

¹ M. C. STOPES (1929): "Mother England, A Contemporary History, self-written by those who have had no historian." Pp. vii, 206. London 1929.

² For this purpose, see the list of books recommended by the C.B.C. SOCIETY, supplied by the Hon. Sec., 108, Whitfield Street, London, W. 1.

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occlusive pessary, may yet be peculiar in having an under-developed or suppressed cervix, and for that reason will be unable satisfactorily to fit and use the cap. Similarly women who have had the cervix amputated will be unable to use that method.

Ill-considered advice has sometimes been given to such women to wear the "Dutch Cap" (see p. 196), but if they are small or normally shaped, potent, and capable of the properly completed act of coitus, I do not advise this for the reasons detailed on p. 198. For such women the sponge (see p. 163) is probably the best method, with the greasy suppository.

If, on the other hand, cervical deformation is coupled with a general obesity and stretching of all the parts, the "Dutch Cap" (properly made) will then probably be the best method to use, and it will be justified because the firm gripping movements of the vagina will have been lost already, and the "Dutch Cap," therefore will not be interfering with processes which the woman without it might complete.

For cases with lacerated or proliferated cervix or adjacent growths.

In some cases the cervix is so deeply cleft that an ordinary woman might fit a cervical cap on to one half of the cervical neck and leave the other uncovered, and the cap would then be insecure and entirely unreliable. In cases where the cervix is proliferated or there are other extraneous growths adjacent to it, the small occlusive cap cannot be

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fitted. If a woman who suffers from cervical or adjacent growths tries to use the cap she may be misled into thinking the cap caused the growth! Hence, not only does the "cap method" get blamed for failing as a contraceptive but it is said to "cause bleeding" or growths or whatever is wrong. Disease must first be eliminated: thereafter the sponge and plain olive oil are likely to be very safe and useful (see p. 163).

ILLUSTRATIVE CASE

A woman wrote to me that the cap had caused cancer. Immediate inquiries elicited from her the fact that bleeding ensued the *day after* she used a cap for the *first time*, and that cancer was at once diagnosed.

It is perhaps hardly necessary to point out that a soft rubber cap *cannot* cause a cancerous growth in eight hours! Nevertheless, this case, and a possible few scattered cases like it, are, I believe, the source of many of the rumours put into circulation by the opponents of contraception. Hasty statements have often been repeated on the public platform and in the press that women who restrict their families increase their risk of cancer. The contrary is the fact, as was recently proved by a careful study of statistics published in *The Lancet*, where DRS. STEWART and YOUNG explicitly say:¹ "There is now a considerable amount of evidence to show that

¹ C. STEWART and M. YOUNG (1926): "Cancer of the Uterus: A Statistical Study; with special reference to the Results of Operation." *The Lancet*, December, pp. 1258-1262. London, 1926.

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childbirth predisposes to cancer of the cervix of the uterus, apparently from the trauma incident to this process."

For cases such as the above, the first step to be taken is to put right whatever is wrong, and operate if necessary. After that contraceptive measures may be considered: the likeliest then to succeed are the sponge (p. 163), the Dutch Cap (p. 196), or the feminine sheath (p. 209). Of course, where the woman is left in such a state that *she cannot use* any method herself, the husband must wear the sheath, however unsatisfactory, or one of the pair must be sterilized.

The existence of such cases of local physical abnormality, which may occur in women who in all other respects appear normal, and who may think themselves in good health, affords the best justification for my demand for Clinics or properly trained midwives attached to antenatal and welfare centres, because ignorant women are often not able to determine whether or not they are normal. If the above abnormalities are present and unsuspected and the woman uses the occlusive cap she may find it "fails" and she conceives, and she is thus not only a sufferer personally, but is a centre of these very untrue rumours that a "cap is unreliable." Those who cannot get expert advice should use the sponge and oil (see p. 163) until a visit to a specialist or Clinic is possible.

For cases with open cervical canal, interlocking.

The brief reference I made to interlocking in the first edition (p. 139) of this book has been taken

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up from time to time by medical men, as for instance SIR ARCHDALL REID, M.D., in his otherwise appreciative review of the first edition of the book in *Nature* for 15th October, 1924, where he said that he disagreed with my "belief" regarding the matter. My remarks were not a "belief" but were based on facts, and were a statement of conclusions from observations. I mentioned in the second edition of this book that at the C.B.C. Mothers' Clinic among 5,000 persons examined we found thirty-nine such cases, and I have also records of several more from correspondents. Further observations are recorded in my paper in "Clinical Medicine and Surgery."¹

The type of interlocking, *viz.*, that on the part of the passive and large os, which is so much stretched that it remains open involuntarily, permitting the easy penetration, sometimes of one finger and sometimes even of two fingers on the part of the examining nurse (which therefore is equally and always accessible to the glans penis regardless of sexual excitation) means that the woman is always at the mercy of the influx of spermatic fluid direct into the womb.

There are, of course, physiological and psychological differences between the case in which there is an os normally closed, which is capable of opening under the stress of sexual excitation to permit the interlocking with the glans penis, and the case of

¹ MARIE C. STOPES (1931): "Coital Interlocking," Leading Article, p. 179-180. *Clinical Medicine and Surgery*, vol. 38, No. 3. Chicago, March 1931.

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the permanently stretched os which is always open and sagging, and cannot help admitting the glans penis in any coital act. The two types of case, however, are, from the point of view of the application of contraceptive measures, similar, both emphasizing the necessity of interposing a layer of material (of which thin rubber seems the most suitable) between the spermatic fluid and the os, because otherwise the entry of the spermatozoa becomes inevitable after which contraception becomes so difficult that "failures" are almost certain to supervene. For this purpose the cervical cap is by far the best measure so as to prevent the entry of the spermatic fluid into the os; the condom would, of course, serve this one purpose as well but for its liability to break and for its other and very serious objectionable features.

An examination of the case sheet histories of the women found to have such enlarged involuntary interlocking cervixes reveals the fact that a high proportion of them are women who have had a great many children or miscarriages, and are among the "difficult" or "incorrigibly fertile" types, which it is often impossible to provide with safe contraceptive measures.

Taking the twelve women with the most noticeably large os, we find the number of pregnancies are:—

2	with three children
2	„ four „
1	„ five „
2	„ eight „
3	„ nine „
2	„ eleven „

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The existence of this type of woman, and the possibility of interlocking between the glans penis and the os have a great many points of physiological and psychological interest, which would lead one too far from the main theme of this report to elaborate, but I might say further that these observations at the Clinic are supplemented to a certain extent by direct personal communications from women and a few men of better social position. This interlocking is a very interesting human capacity and its detection was a quite novel physiological point about which, so far as I could detect, not a word was to be found in any textbook of medicine or physiology when I first recorded it.

An interesting case conforming to my theory is recorded by Dr. Jay (see the *British Medical Journal* of August 10, 1929, page 284), of the finding, in the cervical canal itself, of a portion of a condom which had been torn away from the penis. The criticism of this observation, made in a later issue of the *British Medical Journal*, May 3, 1930, page 848, by Dr. C. P. Blacker, was that he could not see "how the muscular conformation of the uterus would allow of spontaneous cervical dilation." When a fact is experienced in nature and we do not see *how* it can happen, this should afford a stimulus for us to reduce our ignorance of the factors surrounding the observed phenomenon. I have published separately on this subject,¹ but since then further cases

¹ M. C. STOPES (1931): "Coital Interlocking, A Physiological Discovery," in *Clinical Medicine and Surgery*, U.S.A., vol. 38, No. 3, pp. 179-180. Chicago 1931.

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supporting my theory and confirming the view that there are adequate powers of spontaneous movement in the cervical regions of the uterus, are to be found in the extrusions of the Graefenberg ring (see p. 220).

Comment.—Such women undoubtedly are among the “difficult cases.” It will be perceived that although the necessity of the occlusive cap is greater with them than with almost any other type, its application is more difficult, because the large and relaxed cervix means that the adhesion of the cap is unreliable. In such cases, and such cases alone, I sometimes feel tempted to agree that the use of the “Dutch Cap” (which for its large metal rim and other detail, I consider profoundly disadvantageous for normal women) may be the easiest solution of the difficulty. Its placing depends on the stretching of the vagina walls, and its safety does not depend on the nature of the cervix. Among the many disadvantages of the “Dutch Cap,” it must not be forgotten that it unduly stretches the vaginal walls. In the last two years we have increasingly advised the large Racial sponge and plain olive oil (see p. 161). It is very easy to place, and the degree of success is quite remarkable. It is much better for most difficult cases than the Dutch cap.

For cases of undue size.

Obesity, the stretching due to many child-births, and a lack of tonicity in the adjacent muscles sometimes result in local conditions making the use of the small occlusive cap impossible. For such cases,

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who are inherently unable to perform the sex act quite perfectly, the use of the properly made "Dutch Cap" is perhaps the best method available.

It is interesting to note that the Jewish women of the slum quarters of East London appear to have cervixes much larger than those normal among more typically British stocks, and there is an extra very large size of cervical occlusive cap which was originally made for Jewish midwives and used by them among their patients.

Cases of prolapsus uteri.

Unfortunately in those women who have been injured by and improperly repaired after child-birth, or who have, in other ways, borne too great a strain, uterine displacements and prolapse of one sort or another are very prevalent. Prolapse if at all serious, is apt to render the use of the occlusive rubber cap (see p. 178) impossible, or at the best to make it unreliable. Though one finds that Dr. Konikow¹ in the United States advises our Clinic type of occlusive cap for cases of Retroversion and Antelexion; her number of cases is small, and I am not at all convinced by her brief arguments on this point.

Many women suffering from prolapse wear a ring to support the uterus which makes it impossible to adjust the occlusive cap. If the cervix is fairly supported so as to be approximately in its natural

¹ DR. ANTOINETTE KONIKOW (1931): "Physicians' Manual of Birth Control." Pp. xi, 245, New York 1931.

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position their choice of contraceptive would lie between a sponge (see p. 163) and the greasy pessary (see p. 136) either of which might be sufficient by itself. If, however, the danger involved in a pregnancy is very great a woman will probably be well advised to use both of these methods for further security. If the cervix is very seriously out of place (as is unfortunately not rare in women of middle age who have borne a good many children) the use even of both the sponge and greasy suppository may be little or no safeguard, for if the cervix is placed low down in the vaginal canal, neither of these methods is effectively secure.

Although I think it has serious drawbacks, the only method which a woman with a low-lying cervix can herself use with any degree of safety is the feminine sheath (see p. 209). On the other hand, if she has an affectionate and reliable husband, he may wear a sheath, but both these methods have the disadvantage of depriving her, as well as her husband, of the full benefit of coitus.

I confess, alas, that I know of *no satisfactory* method of birth control for the woman herself to use when she has a badly displaced uterus with the cervix low down.

This, of course, is no reflection on the value of contraceptive methods, but merely brings home the fact (which should be self-evident from other points of view) that no woman should be permitted to go about with a badly displaced uterus. I may say that my experience ten years ago, when I learnt the history of a number of poor women, was such as to intensify

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my horror and amazement at the gross neglect with which the average poor working woman was and sometimes still is treated in this connection, though public opinion has been stirred a good deal, and efforts are now being made to improve the lot of the poor mother.

ILLUSTRATIVE CASE

A woman personally known to me, having had five children (which was far more than the weekly earnings of her family were sufficient to support) desired to use birth control methods herself as her husband was negligent, and found the cervix to be badly out of place. I advised her to go into hospital and be operated upon so as to have the uterus restored to its proper position. She said she had wanted to get this done and had been to two hospitals, at both of which the doctors had laughed at her and said that as she could go about they would do nothing as there were thousands of women worse than she, and they had no time to attend to such comparative trivialities. The "triviality" in this case involved this poor working woman in a back-ache so continuous that she had to stop two or three times a day in the middle of her work nearly crying with the dragging pain to snatch a few moments lying down. She also ran the continued risk of further pregnancies owing to the impossibility of any cheap and simple method of contraception being of any use to her.

Contraceptive measures for persons specifically diseased.

While it seems to me revolting that any diseased person should either indulge in or be called upon by

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another to co-operate in the coital act, nevertheless it is useless to disguise the fact that it is done with extreme frequency. Where the disease is local and contagious, as are either of the venereal diseases, there is no doubt that the condom by the male or the feminine sheath by the woman, should be used, and these should be well smeared with a disinfecting ointment such as calomel ointment, and the sheaths should preferably be used by both parties.

In such circumstances as this the contraceptive is not a contraceptive pure and simple but performs the double function of preventing a conception which would be a crime against society, while it also helps to minimize to some extent the risk of contagion from the diseased to the healthy person. In my opinion, however, patients should be told in the plainest terms they can understand, of the risks they run and the virulent nature of the germs they are liable to convey.¹

When one or other of the uniting pair is diseased, but not locally—such for instance as those who are tuberculous, or when a woman suffers from diabetes, renal disorders, or other maladies of a serious nature—no special local disinfectant need be used; but as a pregnancy would have very serious effects both for the mother and the child, special care is wanted to secure the avoidance of even the smallest possible chance of failure. Therefore, at least two contraceptive measures should be used simul-

¹ M. C. STOPES (1921), "Truth about Venereal Disease." Pp. 52. London, 1921.

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taneously. In a great many of such cases, however, I should advise not a temporary and continually troublesome measure of contraception, but permanently effective sterilization (see below). This is also even more necessary in those who suffer from insanity or definite feeble-mindedness.

The same applies to all cases of women where a fortuitous pregnancy would involve the *necessity* for an evacuation of the uterus (see p. 60). In such circumstances, no further risks should be taken and the woman should, therefore, be permanently sterilized.

Sterilization.

A useful and interesting summary on the laws of sterilization has been prepared by DR. LAUGHLIN¹ (1920), but these do not hold in England, where no compulsion may be applied, but any doctor can sterilize at the patient's request. Though "Counsel's opinion" tends to frighten them off doing so by warning them that they are liable to a suit for damages, though they might win it. Many successful voluntary sterilizations have been performed in England, and no legal case has resulted hitherto. A recent readable and brief account of sterilization in Denmark is to be found in a little book by DR. LEUNBACH.²

¹ H. H. LAUGHLIN (1920): "Eugenical sterilization in the United States," *Social Hygiene*, vol. vi, No. 4, 1920, pp. 499-532.

² DR. J. H. LEUNBACH (1930): "Birth Control, Abortion, and Sterilization." Pp. vii, 78. London 1930.

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Where the diseased or degenerate person is the man, sterilization is, of course, a much easier and lighter operation by means of vasectomy than where the one to be sterilized is the woman. For women, probably the cutting and double tying of the Fallopian tubes is the best of the various methods of sterilization, but as it involves rather a serious operation, the expense tends to take it out of the reach of a great many of just those women who most need it.

The old-fashioned method of sterilization which was for some time rather fashionable, namely, the excision of the ovaries, is now no longer advocated except where local disease necessitates their removal. Even then an effort is always made to leave a small portion of the ovary owing to the extreme importance to the entire system of the internal secretions from these organs. The *double* tying and cutting of the Fallopian tubes does not involve any detrimental loss of the internal secretions and is, therefore, the method best suited for general use. This is generally safe and can be relied on, but the older method of a single ligature is not entirely safe. Recently DR. MCARTHUR advised in place even of the double ligature, the complete removal of the tubes, his words being: "The reparative power of a mutilated tube is extraordinary, and now, when sterilization is demanded, I adopt only one method—namely, complete removal of the tubes and the greater portion of the uterine ostium. By doing so one is, in the first place, certain of sterilization, and, secondly, that there are at least no receptacles for infection."

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ILLUSTRATIVE CASE

DR. MCARTHUR'S case:¹ "Some years ago I operated on a woman for prolapsus uteri, performing amputation of the cervix, anterior colporrhaphy, extensive colpoperineorrhaphy, and suspension of the uterus, and ligatured both Fallopian tubes with silk. Eighteen months afterwards she appeared in my consultation room four months pregnant. I had told her she need not be afraid of becoming pregnant again. She took no precautions, whereas for nine years previously she had taken precautions with success. Ultimately a child weighing 14 lb. was born; the mother was torn to the uttermost and prolapse occurred worse than ever. I had to operate again; there was no sign of the silk, no evidence of stricture of the tubes, which both looked quite normal."

The **Sterilization of the Male**, where necessary, is a much less serious operation. The old method of castration is never employed where sterilization pure and simple is desired. The best practical method is vasectomy.

Of *Vasectomy*, BELFIELD said as long ago as 1909² that it "is an office operation; it can be performed in a few minutes under cocain anæsthesia, through a skin cut half an inch long; it entails no wound infection, no confinement to bed; it is less serious

¹ A. NORMAN MCARTHUR: Letter in *Brit. Med. Journ.*, December 11, 1920, p. 890.

² W. T. BELFIELD (1909): "Sterilization of Criminals and other Defectives by Vasectomy," *Chicago Medical Recorder*, in *Journ. Amer. Med. Assoc.*, vol. lii, No. 15, p. 1211.

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than the extraction of a tooth . . . it does not impair the mechanism of erection and ejaculation."

X-ray sterilization has now a voluminous literature of its own, since its first, more or less accidental introduction. In 1909 REGAUD and NOGIER reported the successful sterilization of male rats by one application only of X-rays filtered through an aluminium plate. This left no injury of any sort.¹

SCHÄFER's textbook on Endocrine organs generalizes upon the condition of male sterilization, and says:² "If the testicles are exposed to the action of X-rays, the seminiferous epithelium undergoes degeneration; although the interstitial tissue is not, at first at any rate, attacked."

Numerous recent advances in the study of X-ray and radium sterilization have been made, and their consideration is outside the scope of the present book. Reference might, however, be made to the interesting paragraphs in the *Lancet*³ under the heading, "Control of Conception by Irradiation," in which a brief account is given of the work of MARKOVITZ and KRISER. The procedure suggested by MARKOVITZ being the production of a temporary sterility by means of a minimal dose in one of the married pair, and then "irradiating the man before the ability to conceive returns in the woman, as indicated by the recommencement of menstruation.

¹ CL. REGAUD and TH. NOGIER (1909): "Stérilisation complète et définitive des testicules du Rat," *Compt. Rend. l'Acad. Sci.*, vol. cxlix, pp. 1398-1401, Paris, 1909.

² ED. A. SCHÄFER (1916): "The Endocrine Organs, an Introduction to the Study of Internal Secretions," pp. ix, 156, London, 1916.

³ *Lancet*, September 16, 1922.

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Since the duration of the sterilization in the man is as yet unknown, he admits that periodical examinations of the spermatic fluid will be necessary . . . The treatment has the merit of avoiding finality."

Whether such treatment is advisable in those who desire, or may later desire, to produce children is still a moot point about which opinion is divided, some observers finding injury to later progeny. Reference should be made to the brief discussion with references to recent work in the *Lancet*.¹

The other methods available for the sterilization of the woman are indicated (with the approval of some American medical practitioners) in the answers to inquiries on the subject sent out by the Committee of the New York Obstetrical Society.² For instance, question 22 was: "What suggestions have you for sterilizing women declared to be incapable of child-bearing without undue hazard? Mention whether by laparotomy with tubal ligation or resection; by a series of X-ray exposures; by radium applied externally or within the uterus; or by cautery sound to stricture the uterine ostia of the tubes?" Answer: "Tubal resection and inversion" was favoured by 39; X-ray by 10; radium by 7; cautery by 2.

An interesting summary of the work done in America has been prepared by GOSNEY and POPENOE³ to which reference should be made.

¹ "Risk of Irradiation of Germ-cells and Fœtus" (unsigned), *The Lancet*, Oct. 11th, pp. 806-807. London, 1930.

² *Amer. Journ. Obstet. & Gynec.*, March, 1924, p. 268.

³ B. S. GOSNEY and P. POPENOE (1929): "Sterilization for Human Betterment: A Summary of Results of 6,000 Operations in California, 1909-1929." Pp. xviii, 202. New York 1929.

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It is outside the scope of the present survey to discuss sterilization fully, and the above notes are merely included as a connecting link between the present work and some of the many medical works on sterilization to which reference should be made.

It is much to be desired in the interests of the race that inexpensive methods of **temporary sterility** should be devised, improved, and rendered available in practice for those in whom disease or a degenerate or undeveloped mental capacity, renders them likely to produce detrimentals if they breed without restriction.

In 1923, PROFESSOR HABERLANDT of Innsbruck published the results of his experiments on injection methods for sterilizing female animals,¹ and adds to his results in a brief preliminary communication about further researches.²

PROFESSOR HABERLANDT's results are positive as applied to such animals as rats, but they have not yet been practically tested in women. Although there has been much popular talk in some quarters, even in connection with some Clinics, about the power of semen injections to sterilize women, this has been handed on perhaps without sufficient critical inquiry. On human subjects, DR. ROSENFELD³

¹ HABERLANDT, L. (1923): "Ueber hormonale Sterilisierung weiblicher Tiere." Separate reprint from *Klinische Wochenschrift*, No. 42, pp. 1938-1939. Berlin, 1923.

² HABERLANDT, L. (1927): "Ueber hormonale Sterilisierung weiblicher Tiere." Separate reprint from *Münchener medizin. Wochenschrift*, No. 2, s. 49, pp. 1-2. Munich, 1927.

³ ROSENFELD, S. S. (1926): "Semen injections with serological studies. A preliminary report." *Amer. Journ. Obstet. & Gynecol.*, vol. xii, No. 3, pp. 385-388. St. Louis, U.S.A., 1926.

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of New York has carried out experiments to test such injections. He admits that fertility in the male can be reduced by injections of spermatozoa, but that it is more difficult to demonstrate success in women. In *The Lancet* of 20th November, 1926, his paper is abstracted with the conclusion that "as a practical contraceptive method immunisation with injections of semen need not be considered very seriously." It is probable, however, that in the not very distant future HABERLANDT's work may be applied successfully to women, and may then be very useful for cases under medical supervision.

An example of enthusiastic work on semen injections in female rabbits is seen in the paper published by DR. JULIUS JARCHO in 1928.¹ He quotes a number of instances of temporary sterility lasting several months and induced by injections of semen. References to a large number of cognate publications will be found in his work.

¹ JARCHO, J., DR. (1928): "Artificial Production of Sterility, with special Reference to Experimental Temporary Sterility Biologically Induced in the Female," *Amer. Journ. Obstetrics*, pp. 813-827. St. Louis, U.S.A., 1928.

CHAPTER IX

Early History of Family Limitation

NO evidence still extant indicates to us when the very primitive, nay even the prehistoric woman became sufficiently conscious of her own person and powers to desire, or to achieve, any measure of control of conception. That definite contraceptive means (however imperfect and unreliable) were employed in the prehistoric past is probable: for to-day a number of extremely primitive races possess their own type of crude knowledge on this subject, and so make it evident that earlier races of the same grade probably did also.

In primitive communities, however, the personal needs of the woman and the health-giving effects of true conception are less likely to have been realized than the simple desire to reduce the number of unnecessary babies. Hence abortion and infanticide are the early and more barbarous equivalents of contraception, but contraception as distinct from either of these existed long centuries ago, and persisted among tribes still at the developmental stage of primitive savages.

That abortion was not only known but recognized

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and definitely practised by many primitive races is well authenticated. An interesting account of early Greece and her changes in population is to be found in CLINTON's great work.¹ In this he examined and controverted Malthus' work, and, with many details, showed that the changes in the populations of ancient Greece supported the view that the actual population depends more upon the moral condition of the people than on wars, &c., and that wars may even tend to a total increase of numbers. MYERS² had also an article on the subject and notes that HESIOD recommended that the cultivator of the soil should not bring up more than one son at home. The Greek midwives were expected to have a competent knowledge of abortion as part of their equipment.

The primitive and barbarous form of dealing with the population question was, obviously, the destruction of the procreated embryo or the infant after birth. A race still in this stage of development is seen in the inhabitants of Futuna, where according to SMITH³ "It was not even felt as a shame for a mother to kill her children. Some there are who have destroyed as many as six. Ordinarily the child was crushed before birth by pressing the body with

¹ H. F. CLINTON (1827): "Fasti Hellenici, The Civil and Literary Chronology of Greece," edit. 2, Pp. lx, 467, see pp. 381-433. Oxford, 1827.

² J. L. MYERS (1915): "The Causes of Rise and Fall in the Population of the Ancient World." *Eugenics Review*, vol. vii, No. 1, April, pp. 15-45. London, 1915.

³ S. PERCY SMITH (1892): "Futuna, or Horne Island and its People. Western Pacific." *Journ. Polynesian Soc.*, vol. i, pp. 37-52. Wellington, N.Z., 1892.

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heavy stones, at other times they were stifled at birth, or were buried alive in the sand."

Many of the advocates of birth control nowadays are little equipped with historically accurate knowledge, hence it has become the custom to speak as though contraception were a very modern invention and but recently spread over the world. Meanwhile, as there appears to exist no memoir on the early history of the limitation of populations I have collected a few references to the subject, which, like fragmentary glimpses of crags and hill tops show that a landscape lies behind the fog-cloud of the valley of time. (This, and the other two Chapters on History appeared in my first edition, 1923.)

We may legitimately argue that if exceedingly primitive still-living savage races have native customs of a given type, it is at least highly *probable* that our prehistoric ancestors when at a similar savage grade of culture had similar or comparable customs. This makes the details of various operations used by savage races of greater than purely local interest. A brief account of some of these will be found in BARTELS, Chapter cxxv.¹

A number of authors also speak of an inland race of primitive Australians who employed the "Mika" operation, which consists of the slitting, with a stone knife, of the urethra by the lower side of the penis. This operation is paralleled by a much more elaborate sterilization of girls by the tearing off of the cervix and the slitting of the vagina down to the anus. A

¹ MAX BARTELS (1893): "Die Medicin der Naturvölker." Pp. 361. Leipzig, 1893.

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full account of this horrible operation is given by DR. GARSON.¹ The interest of the procedure of the natives lies in the fact that the Mika operations were done not only deliberately to prevent conception, but were done on eugenic grounds, for the operations on the males were done only on those who, by the age of 18 or thereabouts, proved themselves to be indolent and the least useful members of the tribe. According to DR. GARSON the Mika operations on the male take three forms:—

(1) A small incision in the urethra in front of the scrotum, so that the semen ejaculates externally.

(2) Division of the urethra in front of the scrotum and again just below the glans penis, then by cutting longitudinally along each side of the urethra, it is dissected out.

(3) A piece of wood is placed along the dorsum of the penis, drawing the skin tight. A flint knife is then inserted into the orifice and the urethra laid open to the scrotum.

The savages thus preventing the possibility of conception by the racially inferior members of their tribes, being themselves in the stone tool phase, have presumably the mental development of the Stone Age and it seems quite legitimate to argue that there is at least the probability therefore that our ancestors of the Stone Age also practised sterilizations and methods for the control of conception from a racial or eugenic point of view.

Among the primitive peoples of Africa, many

¹ J. G. GARSON, M.D. (1894): "Notes on the Deformations of the Genital Organs, practised by the Natives of Australia." *Med. Press and Circular*, pp. 189-190. London, 1894.

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racés are acquainted with definite means of preventing conception, and, as CARR-SAUNDERS¹ said of various tribes, "almost without exception the average number of children is everywhere recorded as small." CARR-SAUNDERS does not specify the methods employed, but cites a number of references to original accounts by explorers and others. Similar evidence of some contraceptive knowledge exists for widely scattered primitive races all over the world. As CARR-SAUNDERS has brought together most of the scattered references to savage races, and their various contraceptive measures, there is no need for me to go into the subject in detail. It is sufficient to remind the reader of my present book that primitive and savage peoples are generally much less ignorant about these matters than are the modern slum-dwelling "civilized" women of our cities to-day.

Some "Savages," for instance, are so expert in control, that, as among the Kingsmill Islanders, women are reported to have generally only two children and "never more than three."

That WESTERMARCK in his famous and exhaustive book on marriage² does not refer at all to contraception, and that there is no entry of the subject in his index, and only one brief note on abortion, appears to me to be so remarkable as to be totally inexplicable!

The earliest true contraceptives on record in the

¹ A. M. CARR-SAUNDERS (1922): "The Population Problem. A Study in Human Evolution." Pp. 516. Oxford, 1922. See in particular pp. 177-178, pp. 186-188, pp. 255-256.

² EDWARD WESTERMARCK (1921): "The History of Human Marriage," in three vols. Fifth edition. Vol. i, Pp. xxiii, 571; vol. ii, Pp. xi, 595; vol. iii, Pp. viii, 587. London, 1921.

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world are those described in an ancient Egyptian papyrus of the Twelfth Dynasty (*circa* 1850 B.C.) described by WARREN R. DAWSON, who says: "The first consists of crocodile's dung mixed with a paste-like vehicle, and is probably a pessary for insertion in the vagina; the second consists of irrigating the vagina with honey and natron; and the third mentions a gum-like substance for insertion in the vagina." Though the choice of substances may perhaps be attributed to "magic" still, as MR. DAWSON points out, "it is curious to note how, in essence, these ancient contraceptives resemble certain types that are still in use at the present day. Honey has several of the qualities of oil in relation to its clogging capacity" (see *ante*, p. 139), and also "the use of a dung mass inserted as a pessary in the vagina is not essentially unlike a sponge soaked in some weak acid, which is among the most effective contraceptives still used."

Tradition appears to have carried on belief in the effectiveness of these methods, and MR. DAWSON gives¹ (p. 195) an extract from the Arabic writer of the ninth century who said, "Stercum elephantinum cum melle mixtum et in vulva mulieris positum nunquam permittit concipere." This has been attributed to the Indians, but as DAWSON points out, "it is evidently of Egyptian origin, and contains the

¹ WARREN R. DAWSON, F.S.A., F.P.A.I. (1928): "Early Ideas Concerning Conception and Contraception," in *Medical Help on Birth Control*, Pp. xii 225, see pp. 189-200. London, 1928.

² WARREN R. DAWSON (1927): "Early Ideas Relating to Conception, Contraception, and Sex Determination." *Caledonian Med. Journal*, vol. 13, No. 8, see pp. 296-302. Glasgow, 1927.

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mere substitution of an Indian animal, the elephant, for the characteristically Egyptian crocodile."

Thus we see that the still used "sponge and chemical" formula was, in essentials, in use nearly four thousand years ago in ancient Egypt.

Turning to publications, one of the earliest sources of really explicit and profound sex instruction is the *Kuma Sutra*. Based on Sanskrit texts of the *sixth* century, the ancient Sanskrit books of instruction in love, in spite of all crudities (some of which appear in our eyes absurdities), are nevertheless interspersed with profound and still most useful wisdom. The *Ananga-Ranga*¹ is the most complete I have seen. The need for contraception was recognized by these early authors, and there is evidence that the women of the East long ago were themselves aware of the value and wished to benefit from the use of contraceptives. The methods of course are not scientific to the extent of those available to-day, but like much early information, they are based on a perception of the requirements of the case. Some of the advice is given as follows:—

"It may be held desirable to limit the members of the family, in which case the following prescriptions will be found useful:—

"(1) The woman who will eat every day for a fortnight forty mashas of molasses (Jugri) which is three years old, will remain barren for the rest of her life."

"(2) Let a woman drink for three days after the fourth (purification day) a decoction of Chitraka

¹ "Ananga-Ranga, Stage of the Bodiless One, or the Hindu Art of Love." (Translated and printed for private circulation only.)

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(Ceylon lead-wort *Plumbago zeylonica*) boiled with rice water."

"(3) The woman who will drink for three days after the fourth a decoction of the Kallambha-plant (*Nauclea cadamba* or *parvi-folia*) and the feet of jungle-flies, will never have children."

"(4) Levigate twenty mashas of marking nut (*Semecarpus anacardium*), boil with Dhunor water in which rice has been washed, and drink for seven days, during which the monthly ailments last; the result will be lifelong barrenness."

One is surprised, not that these prescriptions may have failed but that the ancient orient should have considered this subject from so modern a point of view: the ancient art of Love in the East did not treat the woman as a subservient and negligible factor but paid great regard to her requirements, as is also seen by the elaborate advice given to the man about his duty to arouse her properly and give her full satisfaction.

The Hindu theologians, however, pushed their logical premises to such an extreme that it was considered a crime for a girl to menstruate before she was married, with the result that child marriages and general social conditions became extremely unfavourable to infant life, particularly that of female infants. Abortion became rife, and we read in WEBB¹ "Perhaps no country on earth has

¹ ALLAN WEBB (1848): "Pathologia Indica, or the Anatomy of Indian Diseases, based upon morbid specimens, from all parts of the Indian Empire in the Museum of the Calcutta Medical College." Ed. 2. Pp. xxxiv, lxi, 304, 340, bis (imperfect copy B.M.?), Calcutta, 1848.

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immolated so many new-born infants as India, nor has any race of mankind more generally practised the abominable art of murdering children when yet in the womb of the mother."

Abortion was procured by inserting a stick into the womb, also by internal concoctions of various sorts such as asafoetida, ginger, garlic, long pepper, and various native plants. For instance, the "expressed juice of the Boori Gooa Pan, 3ss repeated every 3rd Hour."

WEBB, in the same work records cases of native Indian women who took various native prescriptions to prevent conception, which succeeded, but about which WEBB remarks that, "if they do not act as charms, it is difficult to say how they do act." One of these prescriptions, for instance, is to swallow red broad cloth (Sooltani Bonat), and it is claimed to effect the desired object.

In more recent times WILKINS¹ confirms the fact of the continued prevalence of abortion, and estimates that there were "a thousand a month in Calcutta alone."

Other oriental countries also were (and are) notorious for the number of abortions performed and DR. COLLINEAU² records that in China public announcements, with the addresses of abortionists and those supplying pills to procure abortion, were quite freely published. He noted also that since

¹ W. J. WILKINS (1887): "Modern Hinduism." Pp. xi, 494. London, 1887.

² DR. COLLINEAU (1899): "L'Infanticide et L'avortement en Chine," *Rev. Mens. d'Ecole d'Anthrop.*, vol. ix, pp. 350-353. Paris, 1899.

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the establishment of steamship communication with prostitute houses, female infanticide has been reduced because "Les filles sont un revenu; on les conserve."

I find no explicit information concerning contraception in Mohammedan countries. The Koran, however, does *not* condemn abortion although it explicitly forbids infanticide. And RIQUE¹ reports that the Arabs punctured the amniotic membranes when abortion was desired. This custom probably was an ancient one with them.

HAVELOCK ELLIS² points out that "Even in the Islamic world of the Arabian Nights we find that high praise is accorded to the 'virtue and courage' of the woman who, having been ravished in her sleep, exposed, and abandoned on the highway, the infant that was the fruit of this involuntary union, 'not wishing,' she said, 'to take the responsibility before Allah of a child that had been born without my consent.' The approval with which the story is narrated clearly shows that to the public of Islam it seemed entirely just and humane that a woman should not have a child, except by her own deliberate will." (Mardrus, "Les Mille Nuits," vol. xvi, p. 158.)

The early history of the subject in Europe is even more obscure. What happened in early Christian times I do not know. By the time of the Decameron, however, we are given some indication that contra-

¹ C. RIQUE (1863): "Études sur la Médecine légale chez les Arabes," *Gaz. Méd. de Paris*, vol. xviii, pp. 156-162. Paris, 1863.

² HAVELOCK ELLIS (1921) (1910): "Sex in Relation to Society." Pp. xvi, 656. Philadelphia, 1921. (See p. 586.)

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ception was available and utilized by some members of the population, although probably not by those who would have been most justified in its use.

A book of exceptional interest and profundity is "Les Maîtres d'Amour," an Arabic manual of the sixteenth century which I only know through the French translation, and which is well deserving of study even by modern sexologists. It contains profound observations of physiological and psychological matters which I regret I have only recently read, as I should have benefited by their perusal before writing "Married Love" as this work supplements and confirms several views which there I maintained rather tentatively. This book, in the sixteenth century, gives advice in connection with contraception and is, so far as I am aware, the first widely published and available information on what may be described as modern chemical means of contraception, including the use of alum, which is, of course, still one of the most often recommended substances for vaginal douching.

So early as 1623 a very great book, of three large volumes, was published in Latin, which dealt in detail with varieties of impotence and sterility in and out of marriage.¹

Since the publication of my first edition a correspondent has kindly suggested that I should read Burton's "Anatomy of Melancholy,"² and in the

¹ THOMAS SANCHEZ (1623): "Disputationum de sancto Matrimonii Sacramento." 3 vols. Pp. 1028.

² DEMOCRITUS JUNIOR (ROBERT BURTON) (1621): "The Anatomy of Melancholy: What it is, with all the kinds, causes, symptomes,

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first edition of that most interesting volume, published in Oxford in 1621, I found the following indication that in early times fundamental eugenic principles were not only considered, but drastically acted upon, and that Burton himself was entirely in sympathy with the movement for control and better breeding. He says: "How careful then should we be in begetting of our children? In former time some Countreys have been so chary in this behalf, so stern, that if a child were crooked or deformed in body or mind, they made him away; so did the *Indians* of old by the relation of *Curtius*, and many other well-governed Common-wealths, according to the discipline of those times. Heretofore in *Scotland*, faith Hect. Boethius, *if any were visited with the falling-sickness, madness, gout, leprosie, or any such dangerous disease, which was likely to be propagated from the father to the son, he was instantly gelded; a woman kept from all company of men; and if by chance, having some such disease, she were found to be with child, she with her brood were buried alive.*" [Burton's italics.]

"And this was done for the common good, lest the whole nation should be injured or corrupted. A severe doom you will say, and not to be used among Christians, yet more to be looked into than it is. For now by our too much facility in this kind, in giving way for all to marry that will, too much liberty and indulgence in tolerating all sorts, there is a vast confusion of hereditary diseases, no family secure, no man almost free from some grievous prognostickes and several Cures of it." 1st ed. Oxford, 1621. 8th ed. London, 1676.

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infirmity or other, when no choice is had, but still the eldest must marry, as so many stallions of the race, or if rich, be they fools or dizzards, lame or maimed, unable, intemperate, dissolute, exhaust through riot. . . . It comes to pass that our generation is corrupt, we have many weak persons, both in body and mind, many feral diseases raging amongst us, crazed families, *parentes*, *peremptores* or fathers bad, and we are like to be worse."

I have not yet succeeded in detecting an English book on the practice of contraception in the sixteen hundreds, though I feel sure that such existed. If it did not, there must have been a considerable knowledge in circulation, probably derived from the frequent traffic to and from the Continent, because in 1695 a whole book was written to *condemn* those who had small families.¹ The author then addressed his dedication to a friend who had "a fair number of children, fourteen" . . . and praising him condemns those who "will desire Issue for the Continuing of their Names; but they will prescribe their Number." He quotes the arguments used by the persons who desire small families, and these arguments ring with the very note of to-day! And he is scornful of those who "nowadays are much *wiser* or much *worse* than in earlier Generations they were; who are *afraid* of what *they* so much *wished* for; who look upon the *Fruitfulness* of

¹ "POPULAI DIAS (1695) or a Discourse Concerning the Having Many Children In which the Prejudices against having a Numerous Offspring are Removed, and the Objections Answered." Pp. 124. London, 1695.

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wives to be less eligible than their *Barrenness*; and had rather their Families should be *none* than large."

The following year VENETTE used a curious theological argument against the *possibility* of contraception when discussing "Si les charmes peuvent rendre un Homme impuissant et une Femme stérile."¹ He said "L'enfant qui se forme dans les flancs de sa mère ne s'y forme que par un exprès commandement de Dieu. Le Démon n'a nul pouvoir d'empêcher la génération . . . & plutot, si le Prince des puissances de l'air, pour me Servir de l'expression de Saint Paul, exerce son pouvoir sur les incrédules, et sur les rebelles, ce n'est point par fort, mais par l'impie crédulité d'une femme . . ."

A contraceptive measure, still greatly in vogue, came into use about this time, and sheaths, made of fine linen, appear to have been used in Italy so early as the middle of the sixteenth century, see ELLIS,² and these were steadily improved and made of other materials including isinglass and the cæcum of the lamb. Sheaths appear to have been invented to reduce the chance of disease, see FALLOPPIO "De præseruatione à carie Gallica."³ See also p. 268.

And the year following mention of contraceptive measures was included in the great work of ALBERTUS

¹ NICHOLAS VENETTE (1696): "De la Génération de l'Homme ou Tableau de l'Amour Conjugal." Ed. 7. Pp. 672. Cologne, 1696.

² HAVELOCK ELLIS (1921) (1910): "Sex in Relation to Society." Pp. xvi, 656. Philadelphia, 1921. See p. 599.

³ GABRIEL FALLOPPIO (1564): "De Morbo Gallico: Liber Absolutissimus." 1st Ed. Pp. 65. Batavia, 1564.

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MAGNUS,¹ as also in his *De Mirabile Mundi* a few years later.

Following on these earlier works are a number of tracts and books re-hashing the information given in the Sanskrit and Arabic sources and more or less widely spreading the ideas contained therein. How widely such information was available just before the Puritan ascendancy in England, I have not been able to discover. The fact that at present the Church of Rome condemns contraception and is so opposed to the spread of sex knowledge is, of course, no indication that in the sixteenth century or earlier times it took this line. Indeed it looks as though it were otherwise: for instance the Public Records of Geneva for the year 1527 contain some interesting entries showing the hypocrisy of the pretended sanctity of the Priests—July 12, 1527, "Many citizens complain of the priests of St. Magdalen's who keep a bawdyhouse where there are many bawds. Ordered, that the bawds shall be banished, the lewd women compelled to live in the place assigned to them, and that the said priests shall be severely censored."²

The English brothels also were in charge of the Clergy at one time. Interesting accounts of this are to be found in KITCHENER³, and the "Encyclopædia Britannica," article "Prostitution."

¹ ALBERTUS MAGNUS (1565): "De Secretis Mulierum Item De Virtutibus Herbarum Lapidum et Animalium." Pp. 329. Amsterdam, 1565.

² See many other items of interest in H. T. KITCHENER, 1812. "Letters on Marriage." 2 vols. London, 1812.

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THIELHABER mentions¹ that Arabian doctors knew the protective pessary, and special suppositories impregnated with various chemicals, but unfortunately he does not give any exact reference to the source of his information. I have seen it often stated in reference books and elsewhere that the ancient medical practitioners of Greece, Rome and Arabia derived much of their knowledge from Hindu sources, and were acquainted with the contraceptive effect of grease placed in the vagina. They were also expert in abortion and this perhaps inhibited any desire for contraception.

A medical correspondent tells me that Chinese women still trust the very primitive method of drinking cold water directly after coitus, and it is reasonable to suppose that, before the blight of modern "civilized" ignorance spread, this knowledge would be widely distributed.

At present there is a tendency (see p. 76) to use the word "onanism" to denote all kinds of contraceptive measures, but in earlier days it was used to denote *masturbation*. This act was used as a birth control measure in marriage, and concerning it there exists a curious literature in the seventeen hundreds, of which only one or two textbooks will be mentioned. In 1723 the following interesting paragraph appeared: Speaking of masturbation—"This practice in a Marry'd State (as some of Those whose Letters he produces, who refrained from their Wives, for the fear of multiplying Children

¹ FELIX A. THIELHABER (1913) "Das Sterile Berlin." Pp. 165. Berlin, 1913.

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and yet practised Masturbation) with a Child-bearing Woman, is labouring indeed at the Destruction of our Kind, and striking at the Creation it self: It is, in some measure, the same Wickedness, as tho' he should tear the *Fœtus* out of its Mother's Womb, and kill it: For altho' it be not the destroying of a Real Being, yet it is preventing of a Possible and Probable Being, and that produced in a lawful and commendable Way; its the basest and most presumptuous Wickedness, scarce to be named among the Gentiles."¹

Another interesting volume on the same theme by HUME² contains observations which really include many of the essential ideas of the hormone theory of the sex organs, although they are of course expressed in a simple way and in unscientific language.

It appears to me that the very terrifying warnings against "onanism" translated from the Latin into French by TISSOT³ may still be traced as influences colouring the popular ideas on the "sinfulness" of birth control owing to the confusion created by the differing uses of the word "Onanism."

The open way in which abortion was treated in our own country in the eighteenth century may be gauged

¹ PHILO-CASTITATIS (1723): "Onania Examined, and Detected, or, the Ignorance, Error, Impertinence, and Contradiction of a Book called Onania, Discovered and Exposed, &c." Pp. x, 120 + ? (B. M. Copy not complete.) London, 1723.

² A. HUME (1746) "Onanism: or a Treatise upon the Disorders produced by Masturbation: or, the Dangerous Effects of Secret and Excessive Venery." Pp. xii, 184. London, 1746.

³ DR. TISSOT (1760) "L'Onanisme, ou Dissertation physique, sur les maladies produites par la Masturbation." Pp xii, 231. Lausanne, 1760.

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from the interesting advertisement which appeared conspicuously in the centre of the back page of the *Morning Post* for April 28th, 1780, reading as follows:

PREGNANCY.

To the Ladies:

"Any Lady whose situation may induce her to seek or require a temporary retirement may be accommodated agreeable to her wishes in the house of a gentleman of eminence in the profession, where honour and secrecy may be depended on, and where every vestige of pregnancy is obliterated: or any Lady who wishes to become pregnant may have the causes of sterility removed in the safest manner.

"Letters (post paid) addressed to A. B., No. 23, Fleet Street, will be attended to."

Also William Cobbett in his undramatic little comedy called "Surplus Population and the Poor Law Bill, a Comedy in Three Acts," published in 1823, makes one of the characters say: "Here's a pretty scoundrel; he has openly advised women to procure abortion, which is murder! and now he has his qualms of conscience."

In the eighteenth century the "condom" (then called "cundum," and said to have been invented by a Colonel Cundum), made of the dried gut of a sheep, was well known, openly sold and advertised by handbills, and in other ways. An entry about it appears in 1785 in a "Dictionary of Slang."¹ I have also traced in the British Museum the advertise-

¹ ANON. (1785): "Classical Dictionary of the Vulgar Tongue." Printed for S. Hooper, London, 1785.

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ments of two of the best known of the vendors of these "condoms," which throw light on what was then evidently a very active and successful trade. One of them, Mrs. Philips, in her printed general advertisement of her goods, published in 1783, claims to have had over thirty years' experience, and it is said she made a great fortune from the sale of "such machines." Apparently she sold her business in Half Moon Street (now Bedford Street, Strand), where her famous shop was called "The Green Canister," to Mary Perkins, who also actively advertised in 1783. Mrs. Philips' second shop was at No. 5, Orange Court, near Leicester Fields, and in her advertisements she stated that she "had lately had several large orders from France, Spain, Portugal, Italy, and other foreign places," and that it was well known to the public that she had had thirty-five years' experience in the business.

This brings us to within a few years of the time of MALTHUS. Now the present generation has so often had dinned in its ears the claims of MALTHUS (and the totally distinct but generally associated claims of the Neo-Malthusians) that the fact of these early contraceptive practices is generally forgotten. More than that: MALTHUS' first edition was published in 1798 (and incidentally I should mention that this first edition is a very different thing indeed from his second edition) while almost anybody who talks about MALTHUS to-day reads the second or later edition. In his first edition he re-stated the widespread idea that the world would long ago have been completely populated if it had not been for

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the population-reducing factors,—disease, epidemics, wars and misery. In his first edition, he offered no solution of this problem and no suggestions to relieve the situation. When emboldened to do so by public opinion, which had been roused to great condemnation of his callous presentation, he introduced into the later edition the idea of late marriage as a birth control measure designed to keep the population within bounds, but he did not advocate any contraceptive means though I have evidence that he knew of some methods of contraception. It must not be forgotten that he was still alive when FRANCIS PLACE took up the subject of practical methods of contraception (see p. 271) and it is certainly not true to say, as does ADELYNE MORE¹ in her otherwise admirable pamphlet, that “MALTHUS wrote in an age which knew of no ‘preventive,’ as opposed to ‘positive’ checks . . . except either late marriage or the use of abortifacients.” He personally corresponded with FRANCIS PLACE and could have easily modified his later editions had he so desired. (See also p. 274 *et seq.*)

V. ROBINSON, M.D., in his little book “Pioneers of Birth Control” said:² “Destiny concocted a greater irony when she made THOMAS ROBERT MALTHUS the unwilling father of the birth control movement. This clergyman was a timid bird in the sociological aviary, and he turned in despair from the daring

¹ ADELYNE MORE (1916) “Fecundity *versus* Civilization.” Pp. 52. London, 1916.

² VICTOR ROBINSON, M.D., 1919: “Pioneers of Birth Control in England and America.” Pp. 107. Published by Voluntary Parenthood League, New York, 1919.

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eagles he hatched. MALTHUS was *not* a Malthusian" (p. 16) "with clarity he saw the evils of an excessive and uncontrolled birth-rate, but as a therapist he was a clergyman. For a serious disease he proposed an impossible remedy."

Not only was the advice of MALTHUS wholly inadequate, his general theory of population will not bear the searchlight of modern scientific investigation, and his views are superseded, although undocumented persons still continue to speak and write of him as though he had laid down immutable laws. I have added a note to this in the Appendix which I should like serious thinkers to consider (see p. 446).

CARR-SAUNDERS in his learned and enlightened study of populations devotes much consideration to the more pregnant ideas of the development of *optimum* populations, and says¹ (p. 201) "This idea of an optimum density of population is wholly different to that put forward by MALTHUS. To him the problem was one of the relative increase of population and of food; with us it is one of the density of population and of the productiveness of industry. To MALTHUS the position was much the same in all ages." And again (p. 476) "The errors underlying the wholly different exposition given by MALTHUS have been indicated; for him there was no such thing as over-population. In his view population had at any one time increased up to the possible limit and was in process of being checked. In the modern view numbers may approximate to

¹ A. M. CARR-SAUNDERS (1922): "The Population Problem: A Study in Human Evolution." Pp. 516. Oxford, 1922.

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the desirable level, may not reach it, or they may exceed it."

MALTHUS created a great stir in his own time and is still almost universally referred to as the original authority and the discoverer of the "Law of Population." But even this is not so, and his main themes were dealt with in a very modern spirit long before he wrote.

As CARR-SAUNDERS¹ presents this history in detail, readers should turn to his book, in which references will be found to MALTHUS' predecessors of early date, including BOTERO who wrote in 1596 and SIR M. HALE who in 1667 largely forestalled whatever is still true in MALTHUS' work.

¹ A. M. CARR-SAUNDERS (1922): "The Population Problem: A Study in Human Evolution." Pp. 516. Oxford 1922.

CHAPTER X

Contraception in the 19th Century

THE storm raised by the first edition of MALTHUS' book resulted in his more careful consideration of the subject, and material alterations in his text, so that when the second edition appeared in 1803 it was very different from the first edition: a good many of the more offensive and callous paragraphs were removed, and the scope of the work greatly extended. Even yet, however, it left an unsatisfactory impression on many of its readers. Some of their comments were trenchant, and among them I have had the privilege of seeing the original 1803 edition with its very wide margins filled with extensive annotations by COLERIDGE the Poet, who was evidently aroused to a scornful fury by the pages even of this revised and mellowed MALTHUS.

The greatest and most enduring *opponent* of MALTHUS, however (the one whom to-day, nevertheless all the Neo-Malthusians are actually following!) is FRANCIS PLACE. His famous book "Principles of Population" including an examination of the proposed remedies of MALTHUS, appeared in 1822. It is the only book to which PLACE publicly put his

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name¹ although PLACE was a worker, collector and annotator of such immense industry that his Commonplace books and manuscripts fill nearly three hundred huge volumes in the British Museum. He was the central inspiration, and the secret leader of many of the advanced movements of his day. His life has been written by GRAHAM WALLAS² who had not seen all the original PLACE letters and manuscripts that I have had the good fortune to see through the kindness of the British Museum authorities. Hence even his biographer does not set out adequately the extent of PLACE's service to the population problem.

PLACE in his book in 1822 boldly attacked MALTHUS and demonstrated the utter futility of the unnatural remedy of deferred marriage proposed by him, and at the same time he replied to MALTHUS' opponent GODWIN and staunchly advocated the urgent necessity for dealing with the over-fecundity of the poor. Of MALTHUS' suggestion PLACE says in his book: "the belief in his sincerity is at the same time a belief of his extreme ignorance of human nature in some very important particulars. . . ." "The denial of the *right* of the poor man to the means of existence, when by his labour he cannot purchase

¹ FRANCIS PLACE (1822): "Illustrations and Proofs of the Principle of Population: Including an examination of the proposed remedies of MR. MALTHUS, and a reply to the Objections of MR. GODWIN and others." Pp. xv, 280. London, 1822.

Note.—This has been reprinted by Norman Himes with some notes on parts of Place's correspondence. London 1930.

² GRAHAM WALLAS (1918): "The Life of Francis Place, 1771-1854." Fresh edition. Pp. xiv, 415. London, 1918. Reprinted 1925 as fresh edition.

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food, is notwithstanding its absurdity, purely mischievous; its obvious tendency is to encourage and increase the hard-heartedness of the rich towards the poor, and to lay Mr. Malthus himself under the same imputation. It is one of the passages in his book, which has mainly impeded the progress of information respecting the principle of population among the people." In this work FRANCIS PLACE first uses the phrase later to become a household word; concerning the difficulties of overbreeding he said: "*The remedy can alone be found in preventives*, as will be further shown in the following section." After demonstrating from his own experience as a working man, under how great a misapprehension of their needs and natures MALTHUS laboured, he goes on to say, "If, above all, it were once clearly understood, that it was not disreputable for married persons to avail themselves of such precautionary means as would, without being injurious to health, or destructive to female delicacy, prevent conception, a sufficient check might at once be given to the increase of population beyond the means of subsistence; vice and misery, to a prodigious extent, might be removed from society, and the object of 'Mr. Malthus,' 'Mr. Godwin,' and of every philanthropic person, be promoted, by the increase of comfort, of intelligence, and of moral conduct, in the mass of population."

"The course recommended will, I am fully persuaded, at some period be pursued by the people, even if left to themselves. The intellectual progress they have for several years past been making, the

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desire for information of all kinds, which is abroad in the world, and particularly in this country, cannot fail to lead them to the discovery of the true causes of their poverty and degradation, not the least of which they will find to be in overstocking the market with labour, by too rapidly producing children, and for which they will not fail to find and to apply remedies."

In this book PLACE does not enter into any medical details of the actual methods which could be used for prevention, but nevertheless, I am convinced that at this early date it was PLACE himself who was the source of the information which contemporaneously appeared in a number of different quarters. Those writing the history of this subject generally record the "*Diabolical Hand Bill*" of 1823 as the "first"¹ publication of practical instruction. The "*Diabolical Hand Bill*," however, is not the first appearance of practical contraceptives advertised in print in this country, for condoms were openly sold and advertised in 1783 (see p. 268).

The real author of this hand-bill is, I think, still supposed to be unknown: I am, however, much inclined to believe that it was PLACE himself, because among his original letters and manuscripts I have found so many letters about this, and original drafts concerning practical methods, that I think there is little doubt that if he did not actually send it to the printer himself he arranged for its publication. It

¹ It was, of course, by no means the first, as has been shown in the preceding chapter. It can only be described as the first of the Post-Malthusian school of publications.

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was circulated by Mr. Taylor, the Editor of the *Manchester Guardian*, a man not likely to take such a step for an unknown nobody, but very likely to wish to please PLACE. Some scholars attribute the Handbill to ROBERT OWEN, but I hesitate to accept the view. Why should MRS. FIELD'S famous letter of protest at receiving the Handbill be in PLACE'S possession if he had not an intimate concern in the matter? I believe he acted through others secretly, but was himself the source of this practical movement widely extended in the eighteen twenties.

In connection with PLACE and his early instruction in practical methods and the great extent of his influence it is very tempting to say so much as would bring him into a prominence out of proportion to the rest of this textbook, but I think it of sufficient general interest to print in full the following hitherto unknown letter of FRANCIS PLACE himself to RICHARD CARLILE, of which I have seen the original manuscript draft in his own handwriting in a volume of his manuscripts, &c., in the British Museum. It is a long letter, but the contents are of extreme interest to the history of the Movement. This copy of PLACE'S own draft of his letter to RICHARD CARLILE is dated London, August 17, 1822.¹

"Your letter dated the 8th was brought to me yesterday only, by our friend Webb, who I was sorry to learn had been very ill. I was just thinking of writing a note to you

¹ I am much indebted to the authorities of the British Museum for their kind permission to publish this letter, which has, so far as I can ascertain, lain hitherto (1923) unpublished in the mass of PLACE'S work.

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in consequence of your remark on '*controversy*' fearing you had mistaken my meaning in that observation in my book in which I say 'mere controversy would not have induced me to write,' the meaning is that but for a better object, namely the desire to benefit mankind, I should not have taken the trouble to write the book. I find that those who have read it so far as I have been able to ascertain, understand the observation in the sense here explained. That done with, I shall next thank you for your letter, and shall make a few remarks upon it, not such as will convince you; that I do not even wish, but such as I hope may tend to induce you to keep cogitating on the subject, that conviction may arise from full examination.

"I will go on in the order of your letter. Your correspondent declaims against *early* marriages, but I am for early marriages, but I am for rendering them provident, improvidence is folly as well in marriage as in everything else, and early marriages must in the present state of things be generally improvident, and that they should be so is a most lamentable circumstance, not to be able to marry is perhaps the greatest of all physical evils, and at least it is the most extensive. (1) You fear the plan which I propose would lead to want of chastity,—(2) that to render unnatural a natural intercourse is repugnant to your ideas,—(3) Stewart recommends similar means to save women the trouble, pain, etc., and this astonishes you,—(4) You believe the dread of conception causes forbearance in young girls, but that means used to prevent it would remove the barrier and would tend to make them faithless wives.

"Now then let me reply to these points. (1) If my proposition were calculated to produce the effects you suppose; it ought to be scouted, and you I am sure will readily believe that I would not propose it if I was not fully persuaded of the contrary. I know a great deal about the working part of the community. I know a great deal about those immediately above them, and I care but little for the other classes of society, both because they are of com-

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paratively little use to the community and because that the laws in all countries have been made almost wholly for their advantage to the injury of those who most need protection. Well, then, as to your objections in relation to these classes. (a) Of the working people, do you know that among them the means to prevent conception is already in use to a considerable extent? I know it is, and I know that the only reason they are not more generally used is that they are injurious to health. But I know also that means are used to a very great extent in France which are not injurious to health. But you will say that continence in France is less well observed than in England, of this among the unmarried people I have much reason to doubt, and among the unmarried young women over in France who are only one removed from the mere labouring man's child, I am quite sure there is more chastity than in the same class among us. I will give you an example from which you may judge. I have now before me a pretty extended list of a number of journeyman tailors, and another of plumbers who lived with women for several years without having children, and I have a continuation of those lists; of those who have afterwards been married to those women, and of many of the women who have afterwards been married to other men and almost the whole of them have had children after marriage. I have conversed with many and have got them to acknowledge the fact. I have ascertained too that means, (not to prevent conception, and I was wrong in saying so) but to destroy the fœtus I should have said has been practised by many married women. Now this is a real evil, (i) because the woman has a strong notion that she destroys life, as it is called, (ii) because the law treats it as murder, (iii) because it injures her health, and (iv) because it degrades the woman in her own eyes and does positive injury to morals. Pray observe that my proposal would remedy all this mass of evil, and that would be so much clear gain to the cause of morality.

“(2) The proposition and what you suppose would be

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the practice if conception could be easily and certainly prevented. I agree with you in this propensity. But let us see how far that is now indulged. (i) When, there is no chastity among the absolutely poor, those who have no character to lose have no moral restraint on their propensities and they indulge them. (ii) In the case of common farm servants and servant girls in mean situations. Here again you will not find much chastity, all risks must be run, and they are run, and how can it be otherwise, everything tends to bring the sexes together, the whole of their habits and intercourse makes the union familiar to them in theory from a very early age, and the practice follows. (iii) Servants of a cutt somewhat above these besides the tendency their loose education has, are miserably exposed to temptation, and in all these cases so few are the chances for early marriages that it is too much to expect them to hold out. (iv) As we ascend the need of character and a more distinct notion of morality restrains young women, and the number who live in chastity increase, but it is most lamentable, and to them a source of great misery to be compelled to restrain their inclinations on account of the fear young men have to take wives. But that moral sentiments do prevail to a very great extent, I know. (v) Let us look to those who are brought up in immorality, the number of these is indeed very great in all large towns, a vast many girls know not what chastity means, they begin so early that it may be said they never were chaste, I include in this class the whole of the costermongers and petty chapmen, among whom I had much intercourse when younger for the purpose of understanding them, it is principally from this class that our streets are furnished of a night, the day whores, and many women who are in keeping were servants and apprentices. Now when we take pains to examine all this carefully and deliberate upon it, we ought to be rather surprised that there is anything like the chastity which we really observe, and the question is would it be increased or diminished by my proposal. (1st) Then I take it for granted that it would be

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advisable in any state of Society and under any Government that there should be no more people than the Society according to its habits and its laws could find employment for. I am not talking of what better governments and better habits might do, because we have only to take a long view of the subject to see that there would be a population equal to the means of its maintenance, neither am I to be told of visionary projects of emigration from one country to another since no large and populous country could be relieved in that way; and because that involuntary emigration is itself a great evil and even voluntary emigration from apprehension and few will ever emigrate from any other cause is also an evil. I am to argue the matter as it stands. All the work then which it is desirable to have done is done and yet a large number of people have no employment. No division of food and raiment and lodging can remedy this evil, no man will give much away; it must be cammed before he will part from it, and this is as it should be, for unless a man be employed to produce something by his labour he is a mere idle consumer, as is every man who does not in some way employ himself usefully, and what he consumes might be as usefully consumed by fire, but the truth is that if after all the work required is performed, a large number of unemployed people remain, and if they be as well maintained as is desirable a human being should be, the means of reproducing would diminish, *profit*, the stimulus to production would be at an end, and famine would follow. In whatever proportion the people who cannot be employed bear to the community so far there is an approximation to this sad state. Next, this redundant population keeps down wages and produces poverty and between the two a large number of girls are produced for whom there is really no sort of employment, these and those, whom the redundant number compels to work for inadequate wages, have no resource but in prostitution and of all the wretchedness that can be conceived nothing can equal that of these most miserable and most to be pitied persons. They live to be sure their

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short and wretched life and then one is replaced by others; Colquhoun calculated I think that one with another, the common women die in about five or six years. Think of this mass of misery? But how do they exist at all? Principally in consequence of the young men among us fearing to take a wife, think of this terrible evil also, at the debauched notions this engenders, of the contempt it produces for women, in those who indulge their passions in this way, and indeed of the hundred other evils it engenders.

“Now then to the consequences of my proposition on chastity. (i) I am sure you will find upon enquiring that chastity is much more preserved from moral considerations than from all other causes put together. (ii) If my propositions were carried into effect extensively there would soon be no more people than there was employment for at good wages, and we do find that as people are well paid for their labour they provide themselves with comforts, become more moral and have more desire to educate their children, hence there would be a vast improvement in moral conduct. As young women would not then be forced to prostitute themselves for a most miserable existence the number of prostitutes would be few, and as the fear of a too large family would no longer deter young men from marrying, and as marriage would be almost the only way for them to indulge their passions, they would take wives accordingly, and the parties would come together pure and chaste, the notions of neither the man nor the woman debauched, and the happiness of the community would be greatly increased. In proportion as the women were better off, self respect would be increased, and the certainty of a husband at an early age would be motives sufficient to ensure chastity to a very great extent. If this were the case you would of course say, that, it was also a considerable security for the fidelity after marriage, it would decrease temptation to infidelity inasmuch as the man would have less desire to seduce married women, and be less expert at seduction than with their experience in debauchery they now are.

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“(iii) If my proposition were carried into effect to the proper extent, the means a man would have to rise in the world would, as well as the chance of rising, be greatly increased, and in no very long time there would be a great many more middling tradesmen and farmers, etc., etc., a much smaller number of very large ones, this equalization of property would be the means of employing a larger number of persons and benefiting all. (iv) It follows I think that if these consequences resulted even partially that a great improvement in morals would be effected, and if so, chastity would be a certain consequence. The question then is, not whether vice and immorality would be extinguished, but in which of the two cases, there would be the most virtue, the most chastity. I cannot for a moment doubt the result, and I wish you would take the trouble to think the subject well, laying aside your feelings and attending only to reason. Never mind, however painful or repugnant if, to understand the true situation of mankind it becomes necessary to go through a painful course, there is no remedy but to take it or remain in ignorance. To be able to cure wounds and to amputate limbs the surgeon must go through a course of dissection as disgusting as can well be conceived, but he has no resource, so it is with him who would really understand the situation and prospects of mankind, and I assure you that it was with much repugnance that I undertook many of my enquiries, and with sorrow for poor degraded man that I found myself without any choice as to the inferences I was compelled to draw.

“I do not see that you are called upon to take up the subject of population in your publication, your correspondents calling upon you is not a sufficient reason for your doing it. There can be but one good reason, and that you must decide for yourself. If you think you can do no service, refrain, if you think you can be useful, go on. If you go on give me credit for good intentions, but beyond that I ask nothing, treat my book, by name with the utmost freedom, it cannot interrupt our friendship however we may differ in particulars. . . . Very sincerely yours, Francis Place.

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“P.S.—Oh I see I have omitted to notice the extract I had made. (No. 2). It is prejudice and not reason to talk there of natural and unnatural as you have done.—Nature makes wild beasts, men kill them, nature never made an ox or a gelt pig or drained a bog, or planted potatoes or served cress in Europe—in respect to mankind—I know of but one rule which should guide them—and that is the *principle of utility* so beautifully explained by Bentham in his ‘Introduction to Morals and Legislation,’ and as this work is about to be reprinted you shall either have a copy or the use of one. Nature is a blind dirty old toad, and must be met by reason when she is likely to do harm to mankind. (No. 3). As to Stewart. He was correct as far as he went. I know instances, that is, there are some first rate women as to intellect, married, excellent, delightful women as free from all sorts of superstitions as mortal can be, and as well informed, as learned in all things as they can well be, who do not have more than two children, who have no fear of those two or either of them dying and will therefore have no more. Children are very little like to die if properly attended to. I know some of what would be called very extraordinary instances in proof of this. I believe that a child born from healthy parents which dies, always dies of mismanagement, and that scarcely any need die, and that very few indeed would die if parents were well instructed in the mode of rearing them. A century ago half born in this country died two years of age, now not a third die under that age and not half under twenty years of age. Now only think of the breeding and the producing children, as it regards the woman, and the loss and cost and the pain of having them, and see what a mass of misery would be prevented by my proposal, and add to this the pleasure of seeing the number of children a woman might choose to have; healthy, and their lives secured as they would be when knowledge, spread as it would spread when people turned their attention to the subject, and the happiness which would result from children growing up to manhood under the eyes of their parents instead of

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being left orphans, as from their being produced late in life a vast number now are left. Of all animals, man has hitherto been the most neglected, and so he will continue to be until he elevates himself into importance by limiting his number. Man while poor and miserable and wretched will improve but slowly, but I firmly believe that if the people in this country were as well off as my proposition would make them, that the best Government possible would soon be called into existence, and superstition would cease almost universally among them.

"Speaking of those excellent women to whom I have alluded, I will add that I know of no intercourse so truly exhilarating and charming as their company, and among such women unchaste thoughts have no place. I know no man of understanding who does not enjoy their company, most exquisitely, and most *holyly* if I may use the word. How this sort of intercourse would be increased I leave you to decide. F. P."

Since publishing this in the first edition of my book I have seen PROFESSOR FIELD'S¹ paper on the early history of the movement, and envy him the sight he had of the Manchester Trial, which is not in the British Museum. I note that of PLACE's letter he quotes (but without a date) a total of twelve lines. He gives much, but, I think, not enough credit to PLACE as an early pioneer for the movement for birth control. NORMAN HIMES in his Notes to the Reprint of PLACE's "Illustrations" now adopts my view of PLACE, but goes to the other extreme and makes unreasonable claims for him as the pioneer

¹ JAMES A. FIELD (1911), "The Early Propagandist Movement in English Population Theory." *Bull. Amer. Econ. Assoc.*, 4th ser., vol. i, No. 2, pp. 207-236, April, 1911, Cambridge, U.S.A.

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“for the opening of birth control clinics.” Adding “He was the arch-pioneer.”

In the year 1823 a journal called the *Black Dwarf* published a good many notes on the population question and said “The object in view must then be attained by the introduction of means which shall place it at the discretion of married persons to have children or to have none . . . this is to be secured by preventing conception, not by obviating its effects after it has taken place, frequently entailing injury to the health of the party resorting to it.”

And in 1824 CARLILE wrote: “In London there is a sort of class, or society, or connection of persons, composed of Physicians, Literati, Political Economists, Members of Parliament, with men and women of the first rank in point of fortunes and titles, so convinced of a redundancy of population, as to recommend a means of preventing conception on copulation. The practice, though new to England, they say is not new to Europe.” . . . “This anti-conception scheme was communicated to me about two years since.” . . . “The friend who made the communication to me, has furnished me with much information since I have been in prison” (see PLACE’s letter, 1822, p. 275 *et seq.*). CARLILE records how he objected and reasoned then, “But after all that can be said between ourselves, as friends, who is the man that dares to brooch the subject to the public? I confess that I dare not . . . *my friend answered that he dared to do it!* Aye, and now tells me that he is doing it to good purpose.”

The Republican for 1824 and the following years

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also has very many notes and paragraphs on this subject. For instance, in 1825 it reprints the Handbill then in circulation giving explicit instruction "to the married." And CARLILE says: "It would not become me to say that I do not know from whence they [these handbills] emanate. I do know; but still, I wish it to be known that they do not emanate from me, and that I am the last of a multitude of converts to the utility and importance of the measure."

Surprise has sometimes been expressed that the Economist PLACE should be supposed to have anything to do with technical details of contraception, so that the following entry about himself in his own handwriting¹ is of great interest to those to whom PLACE's outstanding figure is of moment. Regarding "14. Physiology. I have as much respecting the sciences which may be classed under this head as can be necessary to be known by a non-professional man. I have read and studied several systems of Anatomy—have visited Museums—attended at dissecting rooms, heard some anatomical lectures, and have etched with a pen, not very correctly, all the bones in the human body—and some of the muscles." As so much historical interest attaches to the famous *Diabolical Handbills* I am reproducing one of the versions in facsimile in the Appendix, see E. p. 450. Owing to the kindness of Prof. Anne Hart, of U.S.A., I have seen her copies of 3 variants of the Handbill. In one of its forms it seems the basis for "What is Love?" which

¹ British Museum Manuscript, Ad. 35. 144.

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in its turn is acknowledged by the publisher to be the basis of "Every Woman's Book." A famous series of publications about which much mystery is enwrapped, to probe which would take us too far for the present consideration, though it is tempting to add more and more detail as other scholars are now taking the subject up, and I have been collecting data on this theme for separate publication for many years.

In 1825 *The Republican* published "What is Love?" the first form of the book called later "Every Woman's Book." This was "printed and published" by R. CARLILE in 1826, but his name is not given as the author on the title page in the 4th edition, while in another edition (also 1826) the title page gives "Dr. Waters" as the author. It reads as follows: "The Philosophy of the Sexes: or, Every Woman's Book; A Treatise on Love in its Various Forms, Phases and Results, including Practical Hints How to Enjoy Life and Pleasure without Harm to either Sex. By Dr. Waters. London: Printed and Published by R. Carlile, 62, Fleet Street, 1826." This extremely interesting edition was lent to me by Ambrose G. Barker, Esq., to whom I am much indebted for the kindness. It is evident that "Dr. Waters" is a fictitious name, adopted perhaps to divert attention from FRANCIS PLACE.

RICHARD CARLILE in 1826 advertised the book form of "Every Woman's Book" with a whole page advertisement, warmly praising its value. Evidently CARLILE had been converted by his friend FRANCIS PLACE, to whom he was so deeply indebted: con-

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verted, I maintain, to the extent of lending his name as publisher of this practical book which for diplomatic reasons PLACE himself did not wish to appear under his own name.

In the eighteen twenties several journals were actively pursuing the subject so interesting to PLACE and his working-class contemporaries, and the *Bull Dog* in 1826 categorically says that PLACE is the true author of the following instruction in contraceptive measures. (This instruction was varied but slightly when repeated as addressed to various social classes.) "The means of prevention are simple, harmless, and might, but for false delicacy, have been communicated generally. They have long been practised in several parts of the Continent, and experience has proved, that the greatest possible benefits have resulted; the people in those parts, being in all respects better off, better instructed, more cheerful, and more independent, than those in other parts, where the practice has not prevailed to a sufficient extent." . . . "The methods are two, of which the one to be the first mentioned seems most likely to succeed in this country as it depends upon the female. It has been respectively resorted to by some of our most eminent physicians, and is confidently recommended by first-rate accoucheurs, in cases where pregnancy has been found injurious to the health of delicate women. It consists in a piece of sponge, about an inch square, being placed in the vagina previous to coition, and afterwards withdrawn by means of a double twisted thread, or bobbin, attached to it. No injurious consequences

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can in any way result from its use, neither does it diminish the enjoyment of either party. The sponge should as a matter of preference, be used rather damp, and, when convenient, a little warm. It is almost superfluous to add, that there may be more pieces than one, and that they should be washed after being used."

"The other method resorted to, when from carelessness or other causes the sponge is not at hand, is for the husband to withdraw, previous to emission so that none of the semen enter the vagina of his wife. But a little practice and care in the use of the sponge will render all other precautions unnecessary."

An interesting and scurrilous letter appeared in a journal called the "*Bull Dog*" in which the author says: "as a first step to a full exposure of the thing, I hearby openly and unflinchingly declare that Francis Place the elder (Esq. *subauditur*) of Charing Cross surtout and system builder, is the *actual author* of the filthy pages entitled '*What is Love?*' he having supplied Richard Carlile with the foul particulars contained therein, and having been in the habit, for some time previous to the publication of the abovementioned mass of filth, of promulgating the same system, or set of principles and directions, condensed into an handbill, among the lower orders. Other persons are concerned in it, but Place is, and has been the principal person."

The insulting language used is resented by Place in a letter some years later, but the fact that he wrote "*What is Love?*" is not therein denied.

If FRANCIS PLACE was the author of "What is

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Love?" as the letters seem to indicate, then he was the real author of the book called "Every Woman's Book," which was at first a mere reprint of it, though universally hitherto attributed to RICHARD CARLILE. It looks as though CARLILE covered PLACE in this as HOBHOUSE did in another matter. A good many years later CARLILE claims he wrote "Every Woman's Book," but by that time he may either have so persuaded himself, or it may have seemed wise to PLACE to have a cautious statement to that effect in circulation. Contemporary records seem to show that CARLILE was *not* its original author. The *Bull Dog*, in its scurrilous way has something more interesting to say, and addressing himself to CARLILE remarks: "I noticed your gradual advance" . . . "to Eunuch Place's Sponges." "Do you, or can you, deny that Place has been your constant correspondent during the entire term of your imprisonment? Has not he given you the substance of every article that has appeared in the *Republican* under your signature? Was he not nearly two years persuading you to embody and publish his most foul proposals, for rendering the young men of England catamites, and the young females prostitutes? Has he not on many occasions advanced money to you? Verily all these things can be proved from letters in your own handwriting." This indicates that it was believed by his contemporaries that knowledge of the method of contraception now commonly called the sponge method and described clearly in the Diabolical Handbills (see p. 276) was being circulated as a practical preventive by PLACE.

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I have little doubt that many further publications and suggestions will come to light which are traceable to PLACE, who was in correspondence with many men on the Continent and others interested in his reforms. PLACE certainly discussed *Coitus Interruptus* with some of his foreign correspondents, as the following interesting letter shows (this is also in manuscript in the PLACE collection in the British Museum). The writing looks to me very much like an unusually clear form of that of PLACE himself. After commenting on generalities and mentioning the use of the sponge he continued: "It now remains to suggest a more simple method; it is little known to the English, who are full of the coarsest and most vulgar prejudices on these subjects, but it is practised universally on the continent, and especially in France, where amongst the cultivated classes no couples ever produce more children than they can conveniently maintain, and where no woman ever commits adultery in their sense of the word, that is to say, altho' a woman may indulge in gallantry, she never injures her husband by introducing into his family a spurious issue.

"This expedient is sometimes called *La Chamade*, the Retreat, but most commonly by the softer name of *La Prudence*, or *La Discrétion*, and the promise to be prudent or discreet, is frequently exacted and honourably fulfilled. It is in fact a Retreat at the moment of spending, and of course depends altogether on the man. To impregnate a woman it is necessary that some of the seed should be received into the womb; in order to effect this, at the moment

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of spending, the man not only advances instinctively as far as possible, but even struggles violently to get farther and thus gives an impulse to the seed, so as sometimes to throw it into the womb, and if it be retained there conception follows. To counteract this intention of nature it is only necessary for the man to watch the moment of spending, and at that moment to retire. Those to whom this is made known for the first time always object that 'I do not perceive the moment, and if I did, it would be impossible to escape.' The answer is, 'You have not hitherto attended to it; attend, and you will observe it.' 'But it comes so quickly that there is no time to escape.' It does indeed come so quickly that to escape altogether is impossible, but fortunately that is not necessary, for the reception of the seed into the womb is prevented, not so much by the part *having* retired from the mouth of the womb, as by the emission taking place whilst the part *is* retiring, instead of being thrust forward with the utmost force as nature directs.

"To practise *discretion* for the first time is difficult from a want of confidence, and from a belief that a vast effort is necessary, but having once found that it may be done, experience renders it easy by giving that very confidence, the want of which rendered it difficult.

"The most convenient and easy, as well as the most effectual method is for the man at the moment of spending to throw himself on his left side by which motion he not only in some measure extricates the part, but gives it also a slanting direction with respect

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to the woman, so that the seed being thrown not directly but in a side-long manner it is perfectly impossible for the womb to receive it.

“In this exercise of *Prudence* there is nothing injurious to health, nothing offensive to the nicest delicacy, the pleasure is great, and indeed the same, as when the impulse of nature is blindly followed; to show a regard for the interests of society, for the health, and perhaps the honour, of a beloved female in the fiercest moments of passion is a moral discipline not rashly to be despised; it is moreover, practically as easy to assert the empire of reason at those times as by a criminal *imprudence* to manifest that irrational contempt of consequences, which is the degrading characteristic of the brute.

“La Belle Discretion is little known in England, because, when the English go abroad, they take with them, amongst their other national habits, that of associating almost entirely with women of the town, and, besides, their character for obstinate prejudices, and the most perverse and ignorant self-will, is so firmly established, that women of honour will rarely trust themselves to the discretion of an Englishman, but will require the odious and unhealthy preliminary, called, moucher la Chandelle or some gross mechanical precaution.”

In this connection, also, it is particularly interesting to note that in the Universities of France and America early in the last century, definite contraceptive information appears to have been current among the medical students. As evidence of this I possess the original of a letter given to me by the

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late MRS. HASLAM. It had been written by a distinguished medical doctor of the period to "ÆDIPUS" (which was the pen name of MR. HASLAM) who was himself the author of a pamphlet referred to (see p. 304).

The letter is dated February, 1868, and the relevant paragraphs state:—

"I have read your marriage problems (the Pamphlet written by ÆDIPUS) with great pleasure, for it is one of those steps in the right direction, the consideration of which is being forced upon us. . . . Many years ago I was appealed to by a clergyman as to the possibility of checking any further increase in his family. My advice to him was to follow the French system, and I explained it to him, but he had some absurd objections about its morality, so matters went with him from bad to worse. Later he consented to try the 'sponge'; it failed with him and he gave up in despair. About twenty years ago another clergyman, a relative of mine, made the same application to me; to him I recommended the French plan, pointing out to him how comparatively seldom it was that more than two children were found in the better class (i.e., a class most likely to be exempt from foolish or superstitious prejudices) of the French families. Again he or his wife made the same objection as the former parson made, namely immorality. I then told him of the very plan you recommend, *a plan suggested to me when I was a student of medicine in Paris forty-two years ago,¹ and afterwards repeated to me when again a student*

¹ That is in the year 1826.

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in a lying-in hospital in Philadelphia." (Italics mine.)

Recognition of the need and the conscious desire of the public for contraceptive information was therefore taking root both among the public and even in official establishments, and there appeared at that time no particular danger of hindrance to its further spread. Methods were then generally advocated and propaganda prospered without the restricting influences of being claimed, or opposed, by any particular *cult*, though of course, many persons expressed themselves as being shocked.

Some hitherto unrealized facts for the Continent have recently come to light. An early paper discussing the harmfulness of *coitus interruptus* to the nervous system and as a cause of impotence etc. is that of DR. C. W. HUFELAND published in German in 1823.¹ He also describes (and is the first in a European medical publication to do so, so far as I can at present discover) a barrier in the vagina. His words are: "Die meisten Bauerfamilien hatten nur 2 bis 3 Kinder, und dann nicht mehr. Bei genauer Untersuchung fand sich, dass eine Hebamme dieses Geheimnis besass. Sie brachte den Weibern unbewusst, zu ende des Wochenbettes, einen fremden Körper vor dem Muttermund, welcher den Eingang verschloss."

While preparing this third Edition in 1931 I tracked down the remarkable fact that the rubber vaginal cap which is now of such technical value

¹ DR. C. W. HUFELAND (1823) "Von dem Rechte des Aerztes über Leben und Tod." *Journ. praktischen Heilkunde* vol. 66 Stück I pp. 1-28. Berlin 1823.

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as a contraceptive, and which has universally been attributed to Dr. Mensinga for long past was in use by Dr. Wilde over 40 years before Mensinga is supposed to have discovered and made it known. The degree of importance almost universally attributed to the "Mensinga cap" has found repeated expression, and I will only cite two illustrative instances. DR. ALETTA JACOBS, Holland's pioneer woman doctor said in 1928¹ "But in 1880 no really reliable method of contraception was known. I began to make investigations, and in 1882 I read in a German periodical an article by Dr. Mensinga of Flensburg, recommending the use of an occlusive pessary in just such cases as those I had in mind. I wrote to him, and a long correspondence ensued, in which he very kindly told me how to use the occlusive pessary and sent me some samples." And DR. L. FRAENKEL, Germany's world-famous gynaecologist in 1930² said "Um den Frauenschutz hat sich die grössten Verdienste in den 80^{er} Jahren des vorigen Jahrhunderts *Mensinga*, Frauenarzt in Flensburg, erworben . . . Der sog. Neo-Malthusianismus ist fast ausschliesslich das Werk von *Mensinga* . . . *Mensinga gab das erste Scheidenokklusivpessar an und dieses wird noch heute viel benutzt*. Die Vaginalpessare, die andere Namen tragen, . . . sind nur geringfügige Modifikationen

¹ DR. ALETTA JACOBS (1928) article in "Some more Medical views on Birth Control," edited by Norman Haire. Pp. 239. London, 1928.

² DR. L. FRAENKEL (1930) "Sterilizierung und Konzeptionsverhütung" *Archiv f. Gynäkologie*, pp. 86-132. Berlin 1930.

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desjenigen von *Mensinga*." [Italics Dr. Fraenkel's.] And now the credit, not for making this valuable contrivance widely known as did *Mensinga*, but for antedating him by over forty years in its use, must be given to his predecessor Dr. Friedrich Adolph Wilde. All whose minds are truly scientific welcome the recognition of priority, and to find that the most important method in modern clinical usage was described in a textbook by Wilde in 1838 opens astonishing vistas.

Wilde's book, in other respects, is a very remarkable one, its elaborate detail, careful analysis, subdivided sections and headings are meticulous and all is written in an amazingly modern spirit. From the point of view of the woman herself and not in any "Victorian" attitude he discusses her right to and the medical practitioner's duty to perform Cæsarean section, artificial abortion, to prevent future hopeless pregnancies by the extirpation of the uterus, ligature of tubes and much else of modern interest. All is accompanied by numerous and full bibliographic references, not surpassed in quality by any modern text book of medicine I have encountered.

Wilde's is, indeed, a work amazing to find at its date. I may mention that it is not in the British Museum, and I am greatly indebted to the State Library of Berlin for sending it over for me to study in the Library of University College. Photographs of some of the pages are now placed in the library of the C.B.C., 108 Whitfield Street, where they may be consulted.

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Wilde¹ discussed the condom, coitus interruptus, and other contraceptive practices, but gave the preference to a rubber cap. Under his heading

“vor Ablauf der Schwangerschaft

i) Bei Sicheren Diagnose

III) Prophylactische Behandlung

\$\$ 331

“Der Verf. schlägt daher vor, solche mit Gebäar-Unvermögen behaftete Personen stets ein Pessarium aus Resina elastica tragen zu lassen, das gar keine Oeffnung hat, den Muttermund vollkommen bedeckt, dicht ausschliesst und nur während des Flusses der Katamenien abgenommen wird.” He speaks further of fitting it with a speculum, and refers to Hufeland’s paper in 1823, which I quote on p. 294. He describes his “Cautschuk-Pessarium” as comfortable and effective. His name must now be enrolled in the honoured list of pioneers of contraception.

There is no doubt that, so early as the eighteen forties, birth control was already very prevalent on the Continent. That Roman Catholics used methods of control is indicated by the action taken by the Pope. We read in HAVELOCK ELLIS²: “The question was definitely brought up for Papal judgment, in 1842, by BISHOP BOUVIER of Le Mans, who stated the matter very clearly, representing to the Pope

¹ DR. FRIEDRICH ADOLPH WILDE (1838) “Das weibliche Gebäar-Unvermögen. Eine medicinisch-juridische Abhandlung zum Gebrauch für praktische Geburtshelfer, Aerzte, und Juristen.” Pp. xvi, 413. Berlin 1838.

² HAVELOCK ELLIS (1921) (1910): “Sex in Relation to Society.” Pp. xvi, 656. Philadelphia, 1921. See p. 590.

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(Gregory XVI) that the prevention of conception was becoming very common, and that to treat it as a deadly sin merely resulted in driving the penitent away from confession. After mature consideration the Curia Sacra Poenitentiaria replied by pointing out, as regards the common method of withdrawal before emission, that since it was due to the wrong act of the man, the woman who has been forced by her husband to consent to it, has committed no sin. Further, the Bishop was reminded of the wise dictum of LIGUORI, 'the most learned and experienced man in these matters,' that the confessor is not usually called upon to make inquiry upon so delicate a matter as the *debitum conjugale*, and, if his opinion is not asked, he should be silent (BOUVIER, *Dissertatio in sextum Decalogi praeceptum; supplementum ad Tractatum de Matrimonio*, 1849, pp. 179-182; quoted by HANS FERDY, *Sexual-Probleme*, Aug. 1908, p. 498). We see therefore, that among Catholic as well as among non-Catholic populations, the adoption of preventive methods of conception follows progress and civilization, and that the general practice of such methods by Roman Catholics (with the tacit consent of the Church) is merely a matter of time."

The attitude of most Religions is so mystical, particularly in all their considerations of sex, that various sects have arrived at the most amazing conclusions: to say nothing of the fact that they often contradict each other, they frequently contradict the patent facts of life. An illuminating illustration of the extremes to which theological rule will go is seen in Hindu customs. In Webb's most

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interesting *Pathologia Indica*:¹ we read "I find it enjoined in the Hindu Shastras, that females should be given in marriage before their first menstrual discharge, and that should marriage not take place until after this event, the marriage is regarded in a sinful light." In short "*Atri and Kasyapa* (Hindu sages) state, that *if an unmarried girl discharges the menstrual fluid at her father's house, the father incurs a guilt similar to that of destroying a fœtus*, and the daughter becomes . . . degraded in rank."

Now here is an absolutely logical position, indeed the *only* logical position opposed to scientific contraception. The Roman and Anglo-Catholic divines,² with their weak shilly-shallying round the subject, both take utterly illogical positions which are indefensible in the face of keen argument.

Nevertheless, although the Hindu sages pushed their attitude to its logical conclusion and organized society on that basis, such logic leads to some very contradictory results in practice, and infant murder of females is said to have been so common, that there were not enough girls left alive for men each

¹ ALLAN WEBB, M.D. (1848): "*Pathologia Indica, or the Anatomy of Indian Diseases, based upon morbid specimens, from all parts of the Indian Empire in the Museum of the Calcutta Medical College*": Ed. 2. Pp. xxxiv, lxi, 304, 340 bis. Calcutta 1848 (Imperfect copy? Brit Mus.).

² *Note*: Perhaps for those who have taken no interest in Comparative Theology it should be remarked that to speak of Indian religions in the same breath as our own is not, as it were, to compare them with the idolatry of remote savages, for as the *Encyclopædia Britannica* says, "The ancient religions of Europe and India had a similar origin. They were to some extent made up of the sacred stories or myths which our common ancestors had learned while dwelling together in Central Asia."

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to marry a wife of his own! WEBB says in 1848. "It is now getting common (under pressure of our Government) for a respectable man to have a wife of his own instead of sharing her with half a dozen brothers, or a dozen fellow villagers." This position having arisen from the parental preference to destroy the entire female child rather than risk the guilt of destroying the ovum in her first menstruation in case they failed to marry her off! WEBB, however, is considered by some to have based his remarks on local phenomena, and probably in the country as a whole the relations of the sexes were more normal. See also Schmidt.¹

In English a number of publications giving brief accounts of contraceptive methods as well as general arguments in favour of their use appeared in rapid succession after PLACE had set the ball rolling, and notably two works of some interest were published in America, OWEN'S "Moral Physiology" (1830) and KNOWLTON'S "Fruits of Philosophy" (1833). The latter was explicit and useful and ultimately went into an immense number of reprints in America and this country. The book contained an opening section which discussed the general reasons for the need for contraception, and then gave various useful physiological facts; the methods described included withdrawal, the sheath, the sponge and spraying with alum or other chemicals. The pamphlet became particularly notorious as the result of the BRADLAUGH trial (see p. 354).

¹ SCHMIDT, R. (1902 ed.): "Beiträge zur indischen Erotik." See p. 645 *et seq.* Leipzig, 1902.

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DR. G. DRYSDALE'S¹ and other books, articles and pamphlets disseminated knowledge in many directions, but there is little of interest to us again until the publication in 1866 of DR. TRALL's famous book "Sexual Physiology" in America, and shortly after in England also.² The book dealt with many aspects of the intimate sex life, and was fully illustrated. DR. TRALL gave not only an exposition of the necessity for it, but practical "birth control" information of a kind not bettered until two or three years ago, when the subject was taken up again in a more scientific way. This book dealt profoundly with matters of sex and marriage, and was packed with extraordinarily valuable deductions from the author's own cases, as well as facts which should be known to everyone from the common property of physiological science. DR. TRALL presented the whole subject of sex physiology in a way to be of real use to the general public, and in such a spirit of sympathy, understanding and reverence that it could revolt none but the prurient-minded. All information was given in clear language and a variety of contraceptive methods suitable in different circumstances were mentioned. This book has had throughout a wide and unfettered circulation, and after publication both in New York and in London, was already in its third edition the same year that it appeared. It had also a continuous and untram-

¹ "Elements of Social Science," by a Graduate of Medicine First ed., 1854. Fourth enlarged ed. Pp. xii, 592. London, 1861.

² R. T. TRALL, M.D. (1866) (1884 ed. identical) "Sexual Physiology: A Scientific and Popular Exposition of the Fundamental Problems in Sociology" Third ed. Pp. xiv, 312. New York and London, 1866.

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melled existence up to and *right through the years* of the BRADLAUGH trouble, as is clear from the fact that it was reprinted in 1884 exactly as it was in its 1866 edition (with the exception of two or three extra illustrations at the end of the book), the whole section dealing with the control of conception included. In this year the title-page states that the book is in its fortieth thousand, which was an enormous circulation for a serious book in those days.

Other contemporary pens were active, and in the spring of the year of the great *Daily Telegraph* correspondence (1868) at least two pamphlets of practical advice were published and circulated and the theme was again being keenly discussed by thoughtful people. The pamphlet entitled "*The Power and Duty of Parents to Limit the number of their Children*"¹ contained advice on physiological means of limitation by the safe period, by coughing, sneezing, jumping, violent exercise, injections applied immediately after coitus, and by withdrawal and by "the interposition of some material; but such artifices are not recommended." "*The Marriage Problem*" privately printed and circulated by "ÆDIPUS" also contained contraceptive advice.

Some personal letters, written in the same year, are most valuable and illuminating, as indicating the general interest then taken in the root of the subject. For instance, regarding the second pam-

¹ ANON. (1868) "*The Power and Duty of Parents to Limit the number of their Children.*" Pp. 11, London, 1868.

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phlet, I possess the original of a letter from JOHN STUART MILL to "ŒDIPUS," in which he says:—

"February 19, 1868.

"I thank you for your pamphlet. Nothing can be more important than the question to which it relates, nor more laudable than the purpose it has in view. About the expediency of putting it into circulation in however quiet a manner, you are the best judge. My opinion is that the morality of the matter lies wholly between married people themselves and that such facts as those which the pamphlet communicates ought to be made known to them by their medical advisers. But we are very far from that point at present, and in the meanwhile everyone must act according to his own judgment of what is prudent and right."

In the August immediately following the *Daily Telegraph* correspondence a Pharmaceutical Chemist in Wales wrote to "ŒDIPUS" a letter of which I also possess the original.

"... your valuable pamphlets upon the marriage question, the perusal of which gave me great pleasure. This comparatively new discovery will be the salvation of millions of our countrymen from poverty, vice, etc. Talking to a friend lately he made this statement: 'My wife is one of twenty children: I am one of nine, and had I been ignorant of this law (how to regulate, etc.) I should have been by this time deluged with offspring. I have so far regulated the number to suit our wishes. . . .' I lent your pamphlet to a magistrate of this County. He was

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highly pleased with it. He also told me that he had regulated the number of his family for the last twenty-five years: his method, however, is not mentioned in your pamphlet. . . . You make no notice of but two methods in your pamphlet. I presume you have your objections to the F. Lettre, Injection, Partial Withdrawal, &c. I shall want twenty of your pamphlets, and I should like to know what you could charge me for 250. I have already given orders for 500 copies of another pamphlet. . . . I would suggest that you get your excellent pamphlet translated into the Welsh language: it would be the means of doing much good as there are amongst us a great number who do not understand the English language."

1868 was also of political interest for Lord Amberley, a promising young politician who had his prospects blighted by virulent attacks upon his moderately worded interest in the wholesome limitation of families (see current *in extenso* quotations in *The Amberley Papers*, Edit. Earl Russell, vol. II, pp. 115 et seq., London, 1937.)

The next event, of great notoriety, in the Movement was the prosecution of BRADLAUGH in 1877, for his reprint of DR. KNOWLTON's pamphlet. His followers to this day speak as though he had championed in heroic style a lost cause which but for him would scarcely have existed. We even read these words: "Thus to Bradlaugh, who never wavered in either his economic or his philosophic creed, goes the credit of having set up in his own country, on a decisive scale, one of the most momen-

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tous changes in social conditions that have ever taken place in human history," and that into a "world of furtive hypocrisy Bradlaugh brought the breath of a better life."¹

In the face of the facts of prior history which I have given above this seems at least a remarkably exaggerated claim!

As I hope I have made abundantly clear, explicit birth control information was calmly, publicly, and without interference making its way through all strata of society long before BRADLAUGH touched the subject at all. And even in spite of and all through the years of the BRADLAUGH trouble, TRALL's book with its explicit physiological information, and others, were being published and sold openly and unquestioned.

DR. KNOWLTON's pamphlet had been published freely in England for forty years when, in 1877, the authorities decided to prosecute one of its editions. This apparently inexplicable reversal of public policy has been fully explained in my pamphlet "Early Days of Birth Control"² (see also p. 354). The original prosecution was due to the inclusion in the pamphlet of some obscene pictures.

The BRADLAUGH trial brought the subject into prominence in this country coupled detrimentally with the Atheistic group, who were "up against" society on other grounds. Hence a number of mis-

¹ RT. HON. J. M. ROBERTSON (1920) "Charles Bradlaugh." Pp. 122. London, 1920.

² M. C. STOPES (1922) "Early Days of Birth Control." Pp. 32. London, 1922.

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taken statements and deductions about the movement have been made ever since. BRADLAUGH's adherents fight passionately to magnify his power, and memory, and have ignored the facts detailed above. Another of the after-effects of the trial is the emphasis laid on the statement that the fall of the birth-rate in this country can be traced directly to this date. The fact is that the trial in 1877 by a coincidence followed the first year which had made the registration of birth *compulsory*, so that for the preceding year or two, births (the registration of which was probably several years overdue) had been registered, and by 1876 the new law was working and we get the apparent high water mark of records, and hence the year following they appeared to go down.

As another result of the trial the Malthusian League, founded by CHARLES BRADLAUGH, was revived, and ANNIE BESANT, who was at that time also an ardent Atheist, was elected secretary. The following year (1878) the President was C. R. DRYSDALE, M.D., M.R.C.P., F.R.C.S., senior physician to the Metropolitan Free Hospital, and the League passed into the hands of the Drysdale family, who did much to foster and maintain it till it dissolved in the summer of 1922 to be replaced by a League on a broader basis. (See p. 339.)

After 1877 there were one or two individual prosecutions, but never any challenge of the really important books, which steadily maintained the right Britons have always had openly to publish and sell works dealing explicitly with contraception.

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It is impossible to mention all the minor events of interest in connection with a subject of such world-wide vitality and significance: for further data reference should be made to Chaps. XII and XIV and to the very valuable references in the pamphlet by ADELYNE MORE.¹

In America, ANTHONY COMSTOCK, by a trick, had managed to get contraceptive knowledge classed as "obscene" in the United States (see p. 364) but on the Continent and in Britain rapid progress was made.

The most important medical advance in the second half of the nineteenth century was the popularization by DR. MENSINGA of Flensburg² of the convenient rubber caps used by the female and still known by his name, though the credit for their prior use must now go to WILDE who described them in 1838, forty-four years earlier (see p. 296). MENSINGA's work was detailed and his observations on his patients most careful and full of interest. Several of the caps were described and figured, and already in the very early years after their first use MENSINGA detected the great variability in the requirements and reactions of different women.

Variations of such rubber caps were soon made and their use rapidly spread on the Continent, and in this country, for their usefulness was apparent when advocated by DR. MENSINGA.

¹ ADELYNE MORE (1916): "Fecundity versus Civilization." Pp. 52. London, 1916.

² MENSINGA, DR. MED. (1882): "Das Pessarium-occlusivum und dessen Applikation." Part 2, Supplement to "Fakultative Sterilität." 7th Ed. Pp. 80, 2 pls. Leipzig, 1906.

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Holland seriously took up the idea of contraception, and in 1881 the Dutch Neo-Malthusian League was founded shortly after the first Dutch lady doctor openly gave Birth Control instruction to her patients at "sessions" or what were called "clinics" but which do not at all correspond to true scientifically run clinics such as we understand the word now, but were more like what we should describe as the "regular surgery hours" of a charitably minded doctor. (See also p. 395 for more detail about this.) The Dutch League was a large and powerful one, and two of the many distinguished persons notably connected with it were the medical doctors J. RUTGERS and ALETTA JACOBS.

In England the next event to arouse special interest was the publication by DR. H. A. ALLBUTT of the "Wife's Handbook"¹ which gave explicit though brief and rather uncritical instruction in most of the methods then being practised. The booklet contained chapters on pregnancy, child-bearing, &c., and a short chapter dealing with "How to prevent conception." In this he described briefly the procedure of withdrawal, the "safe period" (which he notes is not very safe) injections of permanganate, boric acid, or other disinfectants, the sponge, French letter, MENSINGA'S pessary (and a special modification of it, the "ALLBUTT"), also RENDELL'S soluble quinine pessaries and contra-

¹ H. A. ALLBUTT, M.D. (1887): "The Wife's Handbook: How a Woman should order herself during pregnancy, in the Lying-in Room, and after Delivery, with Hints on the Management of the Baby, and on other matters of importance, necessary to be known by married women." Sec 46th ed. Pp. 59. London, 1916.

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ceptive powders for introduction with an Insufflator. This booklet was published cheaply, at 6d., and also contained crude advertisements of "Malthusian" equipment. It was not prosecuted by law, as is often supposed, but DR. H. A. ALLBUTT was arraigned before his colleagues and struck off the Medical Register. His case was most important because of the far-reaching repressive reactions involved and because the *medical* opinion of Great Britain has undoubtedly been swayed by this event to a much greater degree than its inherent significance should warrant. So recently as 1923 a practising medical man said to me "Ah, but you know, all this is really illegal although the authorities may wink at it—look at the case of DR. H. A. ALLBUTT and what happened to him!" So do misconceptions persist! The publication and spread of contraceptive information have *never* been illegal in Great Britain (see p. 351) but as various very unpleasant things did happen to DR. H. A. ALLBUTT it may be useful clearly to state them and thus, perhaps, to prevent further confusion of the same sort in medical circles.

DR. H. A. ALLBUTT'S name was erased from the Register by the General Medical Council because he published the *Wife's Handbook* "at so low a price." And the Royal College of Physicians of Edinburgh charged him with having "published and exposed for sale an indecent publication, titled *The Wife's Handbook*, and having published, as attached thereto, advertisements of an unprofessional character, titled 'Malthusian Appliances.'" On reading his book one cannot wonder that the Medical

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Council was influenced by the rather blatant advertisements associated with it, and by the frequency of the advice given in it to use things of ALLBUTT'S own make, as for instance on p. 48, speaking of the sponge "lathered with Quinine Soap (ALLBUTT'S)" and later on (p. 51) "When any difficulty is experienced in introducing the RENDELL'S 'Soluble Pessary' as far as the mouth of the womb, I would advise the use of DR. H. A. ALLBUTT'S 'Introducer.' "

DR. H. A. ALLBUTT himself might have answered that unless you give very explicit instructions to the poor you do not help them, and this is true; but I cannot help feeling that it must have been points like this in the book, in addition to its cheap price, which led to the "persecution" of which DR. H. A. ALLBUTT gave a full account in a booklet¹ detailing his own position and the wrongs done him.

DR. H. A. ALLBUTT himself first took his case to the Law Courts, and brought an action for damages and restoration to the Medical Register. This was tried in the High Court (Queen's Bench) before BARON POLLOCK. The Judge *non-suited* him because malice had not been proved, and DR. H. A. ALLBUTT also failed in his appeal. He was subjected to a number of petty annoyances which he described fully and which he considered a persecution, and to expose which he wrote and lectured publicly. It is important, even in the present day when this case

¹ H. A. ALLBUTT (1888): "Artificial Checks to Population: is the Popular Teaching of them Infamous? A History of Medical Persecution: an Address delivered at Leeds, Bradford, Pudsey and Morley. February, March and April, 1888." Pp. 35. 14th ed. London, 1909.

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is remembered, that medical men should note that it was of *persecution* and not *prosecution* that DR. H. A. ALLBUTT himself complained, and that he himself was the one who brought his case before the Law Courts.

This, however, was sufficient to check public expression of medical interest, and following so soon after the Bradlaugh trial (which had so linked the subject with Atheism), and in conjunction with the general unpopularity of the Malthusian League, all together resulted in a severe set-back in England to public expression in favour of the subject of contraception. The clergy became active in opposing an "atheistical and materialistic doctrine," and the doctors kept silence, so the closing years of the nineteenth century were not times of progress or inspiration.

CHAPTER XI

Contraception in the Twentieth Century in English-Speaking Countries

AS is indicated in the last chapter, reputable *public* advocacy of the theory and practice of contraception in English-speaking countries had suffered eclipse after the set-back of the BRADLAUGH trial and the incident of DR. H. A. ALLBUTT in Great Britain and the pressure of the Comstock Law in America.

Nevertheless, a revolt from the outlook on sex which was current during the latter half of the last century, though not coincident with its close was contemporaneous with the rise of the modern attitude towards life. The pioneering endeavours to understand the general profundities of sex-life in modern conditions led by HAVELOCK ELLIS and FOREL at the close of the nineteenth and early days of the twentieth century, stimulated some of the younger generation to consider life freed from early bias, and to discuss and inquire into the many urgent problems which should long ago have been the subject of medical research. EDWARD CARPENTER'S great literary skill and charm must also have in-

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fluenced many¹ to view sex matters in a sympathetic and harmonious light.

As did PROFESSORS PATRICK GEDDES and J. ARTHUR THOMSON in their popular and successful book saying "Apart from the pressure of population, it is time to be learning (1) that the annual child-bearing still so common, is cruelly exhaustive to the maternal life, and this often in actual duration as well as quality; (2) that it is similarly injurious to the standard of offspring; and hence (3) that an interval of two clear years between births (some gynæcologists even go so far as three) is due alike to mother and offspring. It is time, therefore, as we heard a brave parson tell his flock lately, 'to have done with that blasphemous whining which constantly tries to look at a motherless crowd of puny infants as a dispensation of mysterious providence.'"²

With the beginning of the new century independent and intelligent utterances from irreproachable quarters in favour of control of conception began once more to be frequent.

It became apparent from the changes in the distribution of the birth-rate that contraceptive measures were being used by the educated and professional people in Britain. The birth-rates for the doctors and clergy were so pronouncedly lower than they had been a couple of generations ago, and also so much lower than those of the unskilled

¹ See for instance, EDWARD CARPENTER'S (1896) "Love's Coming-of-Age." Pp. 189. Methuen's edition. London, 1914.

² P. GEDDES and J. A. THOMSON (1889). "The Evolution of Sex." Pp. xxx, 333. See p. 312 in 3rd ed. 1901.

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labourers that it was very desirable to have definite data concerning the actions of the professional classes in this respect. The Fabian Society's inquiry, therefore, was of particular interest and value. This was conducted by a special sub-committee of the Society appointed in 1905 "to consider birth-rate and infantile mortality statistics."

The clearly marshalled facts elicited by the inquiry lead to the definite conclusion that: "The decline in the birth-rate is principally, if not entirely, the result of deliberate volition in the regulation of the marriage state."¹ The committee obtained "a voluntary census from a sufficiently large number of married people who could be relied upon to give frank and truthful answers to a detailed interrogatory." The results of the inquiry indicated that "the voluntary regulation of the marriage state . . . has resulted in a higher degree of restriction of births" among the intelligent than among the population at large and "it is the differential character of the decline in the birth-rate, rather than the actual extent of the decline, which is of the gravest import." This conclusion is sound alike in science and medicine, yet, our legislators do not yet realize that this racially detrimental differential restriction will continue until responsible parenthood is set free from the overwhelming economic penalties it now entails.

Nevertheless, this, in my opinion the *central* theme of sociological interest in the present day,

¹ SIDNEY WEBB (1907). "The Decline in the Birth Rate." *Fabian Tract*. No. 131. 2nd reprint. Pp. 19. London, 1913.

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has received so far in this country totally inadequate consideration.

This idea, and the means for attaining the desired readjustment, have received some scattered consideration, and have recently again come to the fore, particularly in Australia, where the Piddington scheme forms so interesting a social experiment.

FOREL's work was translated into English, and his great continental repute gave weight to his pronouncements in favour of contraception, as, for instance: "If unlimited reproduction is permitted, it is possible that existing space may be insufficient to meet the needs of the enormous multitudes of men which must result. The latter may then fall victims to famine and distress, as in the case of the Chinese, or the rabbits of Australia; and only disease, starvation, or slaughter can bring about a return to the normal condition. It must be obvious to every unbiased person that this is not *moral*. And as there are harmless methods of regulating the number of births, and to some extent the quality of the offspring, the just and proper use of these methods must be described as ethically positive. Everything is moral which makes for the happiness and well-being of society; everything immoral which prejudices or endangers it."¹

DR. C. W. SALEEBY, in the first number of the *Eugenics Review*, said in 1909: "Let us, then, make parenthood the most responsible, the most deliberate, the most self-conscious thing in life, so that there should be children born to those who love children,

¹ FOREL, AUGUST (1908). "Sexual Ethics." Engl. transl. Pp. 62.

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and only to those who love children, to those who have the parental instinct strongly developed, and who will, on the average, transmit a high measure of it to their offspring. In a generation bred on these principles—a generation consisting only of babies who were loved before they were born, there would be a proportion of sympathy, of tender feeling, and of all those great, abstract, world-creating passions which are evolved from the tender emotion, such as no age hitherto has seen.”¹

SIR CLIFFORD ALLBUTT, M.D., K.C.B., the beloved physician, who has been described as “the Pope of the Medical Profession,” was broad-minded enough in the year 1912 in his address on the “Integration of the ‘Social Organism,’ ” published in the *Lancet*,² to say: “We have also to consider in this section if the diminution of births, whatsoever its causes, is the terrible misfortune which we almost passionately suppose it to be. . . . To bring forth fewer children, and to do well by them, seems a better part of wisdom.”

The distinguished Professor of Biology and Genetics, W. BATESON, F.R.S., both in the Herbert Spencer lecture³ and in his presidential address to the Australian meeting of the British Association, touched on the need for birth control. In the former

¹ SALEEBY, C. W. (1909). “The Psychology of Parenthood.” *Eugenics Rev.* Vol. i., No. 1, April, pp. 37-46. London, 1909.

² ALLBUTT, T. CLIFFORD (1912): Address on “Integration of the ‘Social Organism.’ ” *The Lancet*, vol. ii, p. 285. August, London, 1912.

³ W. BATESON (1912): “Biological Fact and the Structure of Society.” Reprint of the Herbert Spencer Lecture. Clarendon Press. Pp. 34.

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lecture he said "It is not the *maximum* number but the *optimum*, having regard to the means of distribution, that it should be the endeavour of social organization to secure. To spread a layer of human protoplasm of the greatest possible thickness over the earth—the implied ambition of many publicists—in the light of natural knowledge is seen to be reckless folly. We need not more of the fit, but fewer of the unfit. A high death-rate is often associated with a high birth-rate, but happily a low birth-rate and a low death-rate are quite compatible with each other."

The year 1912 was of great importance to the modern movement for control of conception, for in the same year SIR JAMES BARR, who was then President of the British Medical Association, endorsed Birth Control in his address,¹ and the American medical Doyen, DR. A. JACOBI, also endorsed Birth Control, as President of the American Medical Association.² For the latter, the step was even braver than for the former, because in America general information on contraception was against the law, which it never has been in England.

SIR JAMES BARR said: "A selective death-rate which was, and is, Nature's method of eliminating

¹ SIR JAMES BARR, M.D. (1912): President's Address, delivered at the eightieth annual meeting of the British Medical Association: "What are we? What are we doing here? Whence do we come and whither do we go?" *Brit. Med. Journ.*, vol. ii, pp. 157-163. London, July, 1912.

² A. JACOBI, M.D.: President's Address before the American Medical Association, at the 63rd session, Atlantic City. "The best Means of Combating Infant Mortality." *Journ. Amer. Med. Assoc.*, vol. lviii, pp. 1737-1744. Chicago, June, 1912.

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the unfit, has been at least partially suspended by our efforts." . . . "We have made no serious attempt to establish a selective birth-rate so as to prevent the race being carried on by the least worthy citizens." . . . "We must raise up a vigorous, intelligent, enterprising, self-reliant and healthy race . . . we must . . . raise the banner of health with all the fervour of a new religion." . . . "If this achievement is to be accomplished we must begin with the unborn. The race must be renewed from the mentally and physically fit, the moral and physical degenerates should not be allowed to take any part in adding to the race."

DR. JACOBI said, "It has become an indispensable suggestion that only a certain number of babies should be born into the world. As long as not infrequently even the well-to-do limit the number of their offspring, the advice to the poor—or those to whom the raising of a large family is worse than merely difficult—to limit the number of children, even the healthy ones, is perhaps more than merely excusable."

"I often learn that an American family has had ten children, but only three or four survived. Before the dead ones succumbed they were a source of expense, poverty and morbidity to the few survivors. For the interest of the latter and the health of the community at large, they had better not have been born."

The next year, 1913, was also notable, for it saw the opening session of the National Birth Rate Commission, which then began its sittings

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under the Chairmanship of BISHOP BOYD CARPENTER. The Commission consisted of dignitaries of the various Churches, medical men, social reformers and others, and held protracted sittings, issuing its Evidence and Report in 1917.¹ It was re-formed under the presidency of the Bishop of Birmingham and sat for two years more issuing a second Report and Evidence in 1920.²

These Reports were of the greatest value, as they ventilated the subject and the inquiry had been both detailed and explicit. Although some of the Commissioners were hostile to scientific contraceptive measures, all were favourable to the adoption of some measures of control of undesirable procreation.

Birth Control problems were thus stirring many of the serious thinkers of the day, but even yet the only society formed for public advocacy of contraception continued to be the Malthusian League. Handicapped by its "Malthusian" economics, the advocacy of this society was very partial and voiced the views of but a small section of the public. In forty years this League had succeeded in accumulating only 500 members (Quotation from their Annual Report). In 1913 the League, feeling that its theoretical advocacy of contraception should be supplemented by something more practical and directly

¹ The Report and Chief Evidence of the National Birth Rate Commission: "The Declining Birth Rate, its Causes and Effects." Second ed. Pp. xiv, 450. London, 1917.

² The Second Report and Chief Evidence of the National Birth Rate Commission: "Problems of Population and Parenthood." Pp. clxvi, 423. London, 1920.

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useful, decided to publish its "Practical Leaflet."¹ This leaflet gave much the same contraceptive information as was available in KNOWLTON'S, HOLMES', H. A. ALLBUTT'S and other pamphlets, but differed from them in being distributed free to all married persons who applied for it.

As this leaflet emanated from a serious Society, and not from a mere individual commercially benefiting from it, it carried with it a certain weight and authority. It is worthy of mention, therefore, that this leaflet gave a very brief and in most instances quite uncritical outline of a variety of contraceptive means, including without proper warning of their deleterious effects such methods as *coitus interruptus*, douching, and the use of the condom. Thus advocated, these physiologically harmful methods became even more widely used, and thus have undoubtedly lent a good deal of colour to the rumours, and some basis of truth to the contentions made by medicals, religious persons and others, that "Malthusianism is harmful."

In 1915 when MARGARET SANGER, the American nurse, came over to this country to try to get support for her propaganda in the States, I obtained the signatures of several prominent people to a letter to PRESIDENT WILSON on her behalf, which led to the case against her being dismissed.² The following

¹ "Hygienic Methods of Family Limitation." Issued by the Malthusian League without charge on signing a declaration. Single sheet.

² For further details of this and other happenings in the States see V. ROBINSON, M.D., "Pioneers of Birth Control in England and America." Pp 107 V.P.L. New York, 1919.

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year (1916) MARGARET SANGER in America announced publicly that at a given address in New York she would give birth control instruction to poor women, but owing to the action of the Police she was stopped in a few days. She gained however wide publicity for the *ideas* of birth control and distributed large numbers of a practical pamphlet. In 1917 she founded the *Birth Control Review* as a monthly which is still running.

Meanwhile the subject had rapidly attracted increasing attention from responsible persons on the Continent, and indeed all over the world, and expositions of its theory and practice became from now on so numerous that I can make no attempt to consider any save events definitely advancing scientific or medical knowledge, or of special interest in the rapid march of events in this country. ADELYNE MORE¹ gives a list which fills more than a page of small print of publications in Germany alone, all of which appeared in four months only of the year 1914!

In this country, the year 1917 was an important year, partly because of the publication of the Birth Rate Commission's Report already noted, and partly because of a fact not hitherto made public: in that year a well-known Manchester man drew up a detailed and practical scheme for the establishment of a birth control clinic at St. Mary's Hospital, Manchester, and offered to provide for it personally £1,000 a year for five years, and at his death £12,000;

¹ ADELYNE MORE (1916): "Fecundity versus Civilization." Pp. 52. London, 1916.

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and it was refused. Details of this plan are given more fully in Chapter XIV, p. 397. For some time this money went a-begging, for although several other attempts were made to get suitable institutions to take it up, all were afraid to embark on the novel scheme.

In this year, also DR. KILLICK MILLARD¹ gave an excellent address on Population and Birth Control in the town of which he was the Medical Officer of Health, and as DR. HAVELOCK ELLIS tersely said:² "We possess in birth control an invaluable instrument, not merely for immediate social betterment, but for the elevation of the race." Nevertheless, "as carried on at present, neo-Malthusian methods may even be dysgenic rather than eugenic, for they tend to be adopted by the superior stocks, while the inferior stocks, ignorant and reckless, are left to propagate freely. This unfortunate result is encouraged by the notorious failure—still so conspicuous amongst us—to spread the knowledge of contraceptives among the classes which from the eugenic standpoint most urgently need them."

I had written "Married Love" some years before it was published, but early in 1918, while the war was still raging, I felt that psychologically the time was ripe to give the public what appeared to me a sounder, more wholesome and more complete knowledge of the intimate sex requirements of

¹ C. KILLICK MILLARD, M.D. (1917): "Population and Birth Control: Presidential Address delivered before the Leicester Literary and Philosophical Society." Pp. i, 48. Leicester, 1917.

² HAVELOCK ELLIS (1917): "Birth Control and Eugenics." *Eugenics Review*, April. London, 1917.

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normal and healthy people than was anywhere available. In this book, although very simply worded, were new observations and charts showing woman's *spontaneous* (as distinct from her induced or artificially stimulated), normal sex rhythm as a double wave in each menstrual month. This, and other data given, demonstrated not only the inherent liability to failure, but also some of the profounder reasons against various methods of control often practised. Concerning "Married Love", DR. HAVELOCK ELLIS, the world authority on such matters, wrote an article contributing evidence from other data from two cases of his own and concluded "it is remarkable that they should both confirm what we must regard as the two essential points in DR. STOPES' teaching: (1) the regular existence in women of a menstrual wave of sexual desire, and (2) the occurrence in that wave of two crests. This seems to represent the most notable advance made during recent years in the knowledge of women's psycho-physiological life."¹

But before this, however, the medical press and the public had accepted the book cordially and the result was that in a few months I was inundated with requests both from the lay public and medical practitioners to amplify my brief references to contraception. Hence I wrote a short account of contraceptive methods,² discriminating between the

¹ HAVELOCK ELLIS, M.D. (1919): "The Menstrual Curve of Sexual Impulse in Women." *Medical Review of Reviews*. Vol. xxv, No. 2, pp. 73-77. New York. February, 1919.

² MARIE C. STOPES (1918): "Wise Parenthood, a sequel to 'Married Love'; a book for Married People." With an introduction by

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physiological and psychological uses and abuses of each in such a way as seemed likely to serve the individuals who had inquired of me. Personal correspondence on this point had become overwhelming, and I knew of no publication giving in a scientific spirit discriminating advice about contraception. The numerous publications that were then available gave contraceptive information but all left the public to make an uninstructed choice between methods described without proper indication of the harm some methods might do.

The first edition of "Wise Parenthood" appeared in the autumn of 1918. Had the Malthusian League's leaflet not been so very brief as regards useful methods, and so indiscriminate in its recommendation of various rather harmful ones, I should never have written "Wise Parenthood," but should have referred inquirers to that Society. So that one may fairly say that the modern movement for scientific consideration of, and critical advice concerning, contraception revealed not only in the very large numbers who read my books, and the big public interest shown at the great Queen's Hall Meeting on May 31st, 1921, but also by the formation of the Society for Constructive Birth Control and Racial Progress with its Medical Research Committee, and the pioneer Clinic were all definite *reactions from* "Malthusianism." The time was ripe, indeed over-ripe, for a consideration of the essential medical and physiological factors of contraception apart from a

ARNOLD BENNETT. Pp. viii, 32. London, 1918. Now in its 17th edit. Pp. 85. London, 1931.

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controversial cult of economics and party politics. In view of the light required by the millions needing to use contraceptive methods either for purely personal health reasons, or in the interests of the community, contraceptive physiology cried aloud to be treated scientifically. "Wise Parenthood" did this. It was, of course, only a preliminary sketch, but it served many medical practitioners as their textbook, for there was no other.

A very weighty official endorsement of the need for control of conception appeared about this time in Australia from the pen of DR. KNIBBS in an Appendix¹ to the analysed census. This most valuable document is difficult to obtain in London, but should be known to all serious students of the movement. It can be seen by them in the library of the C.B.C. Society, whose Headquarters are now at 108, Whitfield Street, Tottenham Court Road, W.1.

The social aspects of the subject were of course of equal importance, and it was soon revealed (what one already suspected) that those most in need of contraception were the poor and the least literate to whom even so simple a book as "Wise Parenthood" was either unobtainable owing to its cost, or a sealed book due to their own illiteracy. Many, therefore, asked me to write an even simpler account of the best methods for poor women. For this purpose I prepared a short pamphlet written in English so

¹ G. H. KNIBBS: "Appendix A, vol. i, to the Census of the Commonwealth of Australia (applied to the data of Australian Census, 1911)." Pp. xvi, 466. Melbourne, Australia (undated on title-page).

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simple that not a word was beyond the understanding of the almost illiterate women of the slums.¹

But even after all the expressions of public interest in contraception the medical profession still hesitated to play its proper part in investigation and leadership. On several occasions brief scientific statements about contraceptive methods, or correspondence drawing attention to certain psychological and physiological points of interest, were barred by both the leading medical weeklies, as neither desired to open its pages to the consideration of contraception for fear of the embarrassing correspondence which it was anticipated might result.

I think one can see in this caution an aftermath of the persecution of DR. H. A. ALLBUTT, which has not yet been forgotten by the older men in the profession (see also p. 310).

In November 1918 the *Journal of State Medicine*, however, made a beginning, and published in full an interesting and important lecture delivered before the Royal Institute of Public Health by DR. KILLICK MILLARD, the enlightened Medical Officer of Health for Leicester.² In this, after concise and well-presented generalizations, DR. MILLARD gave details of the results of his private questionnaire to over 100 medical practitioners residing in four provincial towns. The inquiry was restricted to the use of

¹ M. C. STOPES (1919): "A Letter to Working Mothers on How to Have Healthy Children and Avoid Weakening Pregnancies." Pp. 16. Leatherhead, 1919. Now in Ed. 9, London, 1931.

² C. KILLICK MILLARD, M.D., D.SC. (1918): "The Problem of Birth Control with Special Reference to the Public Health Aspect." *Journ. State Med.*, vol. xxvi, No. 11, pp. 321-337. London, 1918.

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the sheath and quinine pessaries. Of those who replied fifty-two said these were *not* injurious and ten replied that they were. Further details are required; for, as I have already indicated (p. 155) I think the sheath is somewhat injurious. Nevertheless this attempt was most valuable as a revelation of an average sample yielding a preponderating number of doctors in favour even of these methods rather than the alternative of abstinence.

DR. MILLARD concluded, "birth control has clearly come to stay, and whether we like it or not, we have got to reckon with it." Three years later these words, echoed by LORD DAWSON, were taken up by the Press, and the phrase "birth control has come to stay" might almost be described as an axiom of the present-day practitioner.

The Dean of St. Paul's in the same year published his "Outspoken Essays"¹ with its trenchant arguments in favour of control of parenthood.

In 1919, the very significant step was taken in America of the organization of the Voluntary Parenthood League, with MRS. MARY WARE DENNETT as its Director and a large number of influential men and women and some leading doctors as its supporters. The objects of the League were twofold: to spread the valuable social idea that parenthood should be voluntary and that *fit* persons should produce children fit to grow up to be useful citizens, and to inaugurate the necessary change in the Federal Law to rectify the harmful blunder in the

¹ W. R. INGE, D.D. (1919): "Outspoken Essays." Pp. 281. London, 1919.

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Comstock law which made all written contraceptive teaching or literature (however abstruse and scientific) "obscene" and therefore illegal. The V.P.L. had a programme for the foundation of properly staffed clinics directly the necessary Federal Law change was made. American reformers have therefore been diverted into politics in the States, in order to get the necessary legislation through Congress. Meanwhile the rich and well-to-do all treat the law as a dead letter, but it is still effective in its operation against the poor and ignorant and against those who try to help them, and there were prosecutions from time to time, even of medical practitioners, for giving written instruction in contraceptives. As I write the Comstock Law is still in operation and has not been amended: the demand for Federal legislation of the Voluntary Parenthood League¹ however is gaining ground steadily. To pass the necessary legislation State by State in America would take a life-time; while the Federal Law could be changed by one short Bill covering simultaneously all the States (see also p. 378).

In 1920 the world movement received a serious set-back in France, when a law was passed grouping contraception with abortion and making everything concerned with it *criminal*. Further details of this situation are given in Chapter XII, p. 378. This law demolished the French Neo-Malthusian League, and the veteran PROFESSOR HARDY was even placed

¹ See the *Birth Control Review*, U.S.A., for 1921, and also DENNETT, M. W. (1926), "Birth Control Laws: Shall we keep them, change them, or abolish them?" Pp. ix, 309. New York, 1926.

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under police surveillance and all his work stopped. The result of this virulently silly action against contraception was not the increased number of births for which the nation hoped, *but an increased abortion rate.*

To return to England, the year 1920 marked further progress. Such, for instance, as the paper read at a meeting of Medical Officers of Health by DR. MEREDITH YOUNG¹ on "The Volitional Regulation of Families," and the address of SIR JAMES BARR, C.B.E., M.D.,² to the Medical Society of Nottingham, published in full in *American Medicine*, and partly reprinted in the *Birth Control News*. DR. KILLICK MILLARD presented an admirable Memorandum on Contraceptives to the Lambeth Assembly of Bishops³ which must have done some good although their own memorandum on the subject was weak and misleading that year. The Bishop of Birmingham (Dr. Russell Wakefield) in spite of the then attitude of Lambeth wrote an excellent preface to a volume of essays on the subject in 1920.⁴

¹ MEREDITH YOUNG (1923): "The Volitional Regulation of Families." Public lecture, published in *Public Health*, Official Organ to the Society of Medical Officers, vol. xxxvi, pp. 185-188. London, 1923.

² SIR JAMES BARR (1926): "The Question of Population, with special reference to Heredity and Birth Control." *American Medicine*, vol. xxxii, No. 10, pp. 625-642, October, New York, 1926, and the *Birth Control News* (1927), Vol. v. No. 19, p. 4, February, London, 1927.

³ C. KILLICK MILLARD, M.D. (1920 *not* published but circulated to all the Bishops) "Responsible Parenthood and Birth Control." Pp. 22.

⁴ In "The Control of Parenthood," by J. A. THOMSON, L. HILL, W. R. INGE, H. COX, M. SCHARLIEB, RIDER HAGGARD, A. E. GARVIE,

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The Second Report and Evidence of the National Birth Rate Commission appeared in this year also, with its weighty arguments in favour of the principle of birth control¹ and its explicit statement, signed by the Commission as a whole, that "No persons who are likely to transmit any serious physical or mental taint should have children." This aspect of the subject will not be enlarged upon here. It is well expressed in the following quotation from HOLMES² (p. 139): "We are losing the elements of our population that have achieved success financially, socially, or in the field of intellectual achievement. Speaking generally, none of these classes is reproducing itself." [They are now taxed into relative penury in comparison with the demands on them.] "This condition is quite as bad in Europe, at least in several countries, as in the United States. It constitutes a very serious menace to our present social welfare, and one which is striking at the very roots of our civilization. The menace is all the more dangerous because its effects do not, like those of war, pestilence, or famine, obtrude themselves upon our notice. The forces for evil that work insidiously are the most to be feared because they may produce great havoc before they are detected, or at least

F. B. MEYER and M. C. STOPES, with Introduction by the BISHOP OF BIRMINGHAM. Pp. 203. London, 1920.

¹ Second Report of the Evidence, National Birth Rate Commission "Problems of Population and Parenthood." Pp. clxvi, 423. London, 1920.

² S. J. HOLMES (1921): "The Trend of the Race, a Study of Present Tendencies in the Biological Development of Civilised Mankind." Pp. v, 396. London.

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before the extent of their damage is adequately realized. The elements of the population that are of subnormal mentality exhibit at present the highest degree of fecundity."

In March, 1921, my husband, MR. HUMPHREY VERDON ROE, and I materialized what had been a wish of many years on both our parts and established the first British Birth Control Clinic. Owing to the housing shortage we had been delayed, but obtained a small house in Holloway, London. This we fitted with the very simple equipment necessary, and we supported the service as a free clinic run without any charge and available for any married persons who came for help, although it was specially founded to meet the crying needs of the poor. The Nurse-in-Charge was a fully qualified midwife whom I had specially instructed in addition. Attached to the clinic as visiting specialist was DR. JANE LORIMER HAWTHORNE. We defrayed the whole cost ourselves, but as it was a movement not merely of medical but also of wide social interest, we asked a number of distinguished people representing a variety of different professions and schools of thought and of varied social interests to lend their names as patrons. Those who did so were as follows: WILLIAM ARCHER. COUNCILLOR MARGARET ASHTON, M.A. SIR JAMES BARR, C.B.E., M.D. ARNOLD BENNETT. DAME CLARA BUTT, D.B.E. EDWARD CARPENTER. RIGHT HON. J. R. CLYNES, P.C., M.P. MRS. DESPARD. THE LADY GLENCONNER. SIR ANTHONY HOPE HAWKINS, M.A. DR. JANE L. HAWTHORNE. SIR W. ARBUTHNOT LANE, BART., C.B., M.B. THE LADY CONSTANCE LYTTON. SIR

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LYNDEN MACASSEY, K.B.E., K.C. LADY MACASSEY. AYLMER MAUDE. SIR MALCOLM MORRIS, K.C.V.O., F.R.C.S. MRS. SAROJINI NAIDU. SIR ARCHDALL REID, K.B.E., M.D. RIGHT HON. G. H. ROBERTS, M.P. RIGHT HON. J. M. ROBERTSON, P.C. MISS MAUDE ROYDEN. ADMIRAL SIR PERCY SCOTT, K.C.B., K.C.V.O. DR. E. B. TURNER, F.R.C.S. MRS. ALEC TWEEDIE, F.R.G.S. J. HAVELOCK WILSON, C.B.E., M.P. (Titles as in 1921.)

For the general convenience of the thousands of patients and visitors from many countries, the Clinic was removed in 1925 to more central quarters at 108, Whitfield Street, Tottenham Court Road, W.1. The details from the Case Sheets of the first five thousand who had attended for examination and help at the Clinic were analysed, and the results published in a pamphlet entitled "The First Five Thousand."¹ At the present date (Spring 1931) over 14,000 patients have been attended and recorded, and the analysed data from 10,000 cases were published in 1930.²

The first appearance of the Clinic roused public interest, but even then the medical profession appeared afraid to discuss the subject in their own press, owing probably to the repressive leadership of a certain small number of members of the old school and the antagonism of the Roman Catholic practitioners. In the public interests I felt it wise

¹ M. C. STOPES (1925): "The First Five Thousand." Pp. 67, illustrated. London, 1925.

² MARIE C. STOPES (1930): "Preliminary Notes on Various Technical Aspects of the Control of Conception, Based on the Analysed Data from Ten Thousand Cases attending the Pioneer Mothers' Clinic, London." Pp. 44. London 1930.

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therefore to give a public demonstration of the weighty and respectable opinion behind the movement for *constructive* birth control, and for this purpose, and also to celebrate the foundation of the Clinic, I convened a meeting in the large Queen's Hall.¹ The great auditorium was packed to hear the following speakers: RT. HON. G. H. ROBERTS, P.C., M.P. (in the CHAIR), DR. JANE L. HAWTHORNE, DR. KILLICK MILLARD, ADMIRAL SIR PERCY SCOTT, K.C.B., K.C.V.O. COUNCILLOR H. V. ROE, DR. MARIE STOPES, AYLMER MAUDE, ESQ. This strengthened the hands of those who were favourable to the movement, and initiated discussions which have sprung up in many quarters. The Women's Medical Federation held a series of meetings and discussions on the subject, followed by letters to the medical press. Shortly after our meeting the subject was opened to a lengthy correspondence in the *British Medical Journal* (August, 1921). This was carried on for several weeks and did much to reveal the extent of medical interest in the subject, though it was conducted with judicial impartiality and due space given to opponents. The *British Medical Journal* is to be congratulated in having taken this step.

During that same summer it seemed wise to consolidate the advance in public opinion and to form a Society for Constructive Birth Control which would give more stability to the idea of the *racial*

¹ See "Queen's Hall Meeting on Constructive Birth Control, Verbatim Report. Speeches and Impressions." Pp. 47. London, 1921.

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value of control than could be achieved by one individual, however great the meetings which could be individually convened. Hence in July, 1921, the Society for Constructive Birth Control and Racial Progress was founded with the following as its constitutional objects:—

“The objects of the Society are (a) to bring home to all the fundamental nature of the reforms involved in conscious and constructive control of conception and the illumination of sex life as a basis of racial progress; (b) to consider the individual, national, international, racial, political, economic, scientific, spiritual and other aspects of the theme, for which purpose meetings will be held, publications issued, Research Committees, Commissions of Inquiry and other activities will be organized from time to time as circumstances require and facilities offer; (c) to supply all who still need it with the full knowledge of sound physiological methods of control.”¹

Many socially and intellectually prominent persons became Vice-Presidents, including a number of distinguished medical men.

A special Committee for *Medical Research* in Contraceptives was organized, and now consists of the medical Vice-Presidents and additional members, some of whom were selected because of their impartial and scientific attitude towards the question.

The first Medical Research Committee was organ-

¹ The Society for Constructive Birth Control, *Honorary Secretary*, COUNCILLOR H. V. ROE, c/o The Clinic, 108, Whitfield St., Tottenham Court Rd., London, W. 1. See also p. 230.

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ized in 1921 by the C.B.C. and comprised the following: SIR JAMES BARR, C.B.E., M.D. PROF. SIR WILLIAM BAYLISS, F.R.S. HAROLD CHAPPLE, F.R.C.S. DR. JANE L. HAWTHORNE. NURSE MAUD HEBBES. GEO. JONES, M.A., M.B., D.P.H. SIR ARBUTHNOT LANE, BART., C.B., M.B. SIR JOHN MACALISTER, F.S.A., F.R.G.S. SIR ARCHDALL REID, M.B., F.R.S.ED. CHRISTOPHER ROLLESTON, M.D., D.P.H. DAVID SOMERVILLE, B.A., M.SC., M.D. MARIE C. STOPES, D.SC., PH.D., F.L.S. DR. MATHER THOMSON, F.R.C.P.I. DR. E. B. TURNER, F.R.C.S. and PROF. E. A. WESTERMARCK, PH.D. Since its foundation, death has removed some of our most valued members, but others were added, including: COL. R. J. BLACKHAM, C.B., D.S.O., M.D. THE HON. SIR JOHN COCKBURN, K.C.M.G., M.D. LT.-COL. R. H. ELLIOT, M.D., D.SC., F.R.C.S. W. H. MAXWELL TELLING, M.D., F.R.C.P.

In October, 1921, LORD DAWSON OF PENN did the cause a service by delivering his famous address to the Church Congress in Birmingham, in which he eloquently advocated Control of Conception. The address was later published in pamphlet form.¹ The day following I delivered the first Presidential Address to the new Society for Constructive Birth Control and Racial Progress, afterwards published as a pamphlet,² and the day following that I sailed for America and addressed an enthusiastic audience in New York Town Hall on the invitation of the

¹ LORD DAWSON OF PENN (1922): "Love—Marriage—Birth Control. Being a Speech delivered at the Church Congress at Birmingham, October, 1921." Pp. 27. London, 1922.

² M. C. STOPES (1922): "Early Days of Birth Control." Pp. 32. London, 1922.

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Voluntary Parenthood League of New York.¹ A few weeks later MRS. SANGER founded the American Birth Control League, of which she is President, and held an American Conference.

The C.B.C. at its general meeting in November, 1921, passed the following RESOLUTION, to be distributed in convenient form to the poor or unemployed:

"Both to spare your own personal distress and to avoid bringing a weakly child into the world, it is important that all should realize that none should conceive in times of individual misery or ill-health. Of course, wherever a child is already on the way, the best must be made of it. But sound and wholesome methods of Birth Control (Control of Conception) are known, and advice will be given free by a qualified nurse to all unemployed married persons who present this slip at the Mothers' Clinic."

In the autumn of 1921 the Malthusian League in England opened a Welfare Centre at which, in addition to the ordinary work of such a Centre, Birth Control information could be obtained by the poor who asked for it. The League began 1922 by changing their Journal, the *Malthusian*, to a larger form and issuing it under the title *The New Generation*.

In May, 1922, a penny monthly paper for the C.B.C. was founded, the *Birth Control News*, principally because the ordinary daily press refused to publish the important statement by PROF. ROSS,

¹ "Verbatim Report of the Town Hall Meeting of the Voluntary Parenthood League." Pp. 23. New York, 1921.

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the originator of the phrase "Race Suicide," that the phrase to-day should mean *unrestricted* breeding, for that was the real menace of the present.

In the summer of 1922 the Malthusian League arranged their fifth International Conference, which was held in London. Just before the Conference however, the Malthusian League dissolved and re-formed itself as the New Generation League. Various sections were organized for the Conference meetings, DR. C. V. DRYSDALE was President, and the following were the Chairmen of the various Sessions: MRS. MARGARET SANGER, of the Session on Individual and Family Aspects; PROF. J. M. KEYNES, of the Economic and Statistical Session; the REV. GORDON LANG, of the Moral and Religious Session; PROF. E. W. MACBRIDE, of the Eugenic Session; HAROLD COX, ESQ., of the National and International Session; MR. H. G. WELLS, of the Public Meeting; DR. C. KILLICK MILLARD, of the Medical Session; NORMAN HAIRE, M.B., of the Contraceptive Session; and PROF. KNUT WICKSELL, of the Propaganda and General Session.

The principles of the "New Generation" at this time accorded so much with my own and those crystallized by the Society for Constructive Birth Control and Racial Progress, that new comers into the movement sometimes ask: "What is the difference between these two Societies?" It is true that there came to be but little difference, but at the date early in 1921 when the C.B.C. work was initiated, the differences between the C.B.C. and the Malthusian League were profound. After trying the title of

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"The New Generation League" for about two years, the Society in 1925, reverted to its old name The Malthusian League, retaining the title of "The New Generation" for its journal. Now the Journal persists, but the League is defunct.

The year 1922 also saw the foundation in New York of the *Birth Control Herald*, a paper run by the Voluntary Parenthood League.

Medical Officers of Health were beginning not only to take a private interest in the subject, but to adopt an open advocacy, such for instance as Dr. Meredith Young in his official report¹ who said: "The case appears to me to have been carried beyond the stage of arguing for or against birth control, and to have reached the point at which legitimate birth control is accepted as being for the National good, and all that remains to be settled is the best means of control and the general education of the public on contraceptive methods."

As has been indicated from time to time the more advanced, the more imaginative and more compassionate of the medical practitioners have been throughout sympathizers with or warm supporters of the movement for Constructive Birth Control. Now that the subject has received so large a measure of public support and approval it is probable that advances in research and improvements in methods may be anticipated, although the practical difficulties of these researches remain very great, and are the less

¹ MEREDITH YOUNG, M.D. (1922): "County Palatine of Chester: Report of the Medical Officer of Health for the year 1921." Pp. x, 152. Chester, 1922.

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urgent as methods already available are sufficiently satisfactory for the majority of normal people.

The first meeting of the Medical Research Committee of the Society for Constructive Birth Control and Racial Progress after full discussion came to the conclusion that no suggested line of research was urgent, though research in general on this subject was desirable, and that meanwhile the methods of the cap pessary, sponge, and quinine greasy pessary were harmless and efficient enough for most ordinary purposes.

The Malthusian League's "Practical Leaflet" was re-written in 1922 by NORMAN HAIRE, M.B., who accepted the main theme of my book "Wise Parenthood," that an internal rubber cap worn by the woman is the best means of prevention, though he advocated the shape of cap called the "Dutch Cap" (see p. 196) instead of the small occlusive which I consider the best. Acceptance of my general principle of the cap and chemical, however, marks a definite advance.

The position of the Church of Rome became increasingly difficult and CARDINAL BOURNE is reported in the press definitely to have encouraged Roman Catholic medical practitioners to give circulation to "medical arguments" against contraception.¹ The Church, however, yielded the *principle* of contraception long ago by permitting *coitus inter-menstruus* and *coitus reservatus*, both used to secure

¹ See several contemporary newspaper reports, for instance the *Roman Catholic Times* for August 1922.

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sex union without consequent offspring, see p. 94 and p. 88.

In the year 1923, a series of vituperative attacks by the Roman Catholics culminated in the publication of Dr. Sutherland's volume "Birth Control."¹ I was advised in the interests of the movement to bring a legal action against him for libel, and the jury found in my favour, awarding me £100 damages. Owing to technical confusions, the judge, in the absence of the jury, withheld the damages from me. In the Court of Appeal I won, and recovered these.

Extraordinary medical evidence was given during the case, notable for the flatly contradictory nature of the statements made by the "experts" on the opposing side, one of whom, while condemning, acknowledged she had never had a case in her life! A careful analysis of the statements made in the witness box affords humorous reading, but this is not the place to go into detail. The case deserves a special volume, because undoubtedly it did much to convert the general public to the movement, as well as at least one of the medical witnesses who had given evidence against me.²

After the case had been settled in Appeal, it was suddenly dragged into the House of Lords, and the Court of Appeal verdict was reversed on technicalities.

We did not have to wait very long, however,

¹ H. G. SUTHERLAND, M.D. (1922): "Birth Control." [Against]. Pp. x, 160. London, 1922.

² See the report in the *Birth Control News* pp. 145-148 Feb. 1930 and Appendix B. in the Report on the Data for Ten Thousand Cases.

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before the House of Lords, sitting as a complete legislative assembly, showed its sympathy with our movement, and by passing Lord Buckmaster's Motion (see p. 361) by a substantial majority supported my efforts to release knowledge through the Ministry of Health's clinical service.

In the year 1923, the first edition of this book was published and received a very kind welcome from the technical press, and many members of the medical profession who wrote expressing personal adherence to the views that I have throughout attempted to promulgate.

Meanwhile, following the lead of my first clinic, a number of other privately run clinics are springing into existence in England. The first of these was The Walworth Centre, already mentioned (see ante p. 339). It severed its original connection with the Malthusian League and is now under the auspices of another Society called the Society for the Provision of Birth Control Clinics, which has established branch clinics in several of the bigger towns and in various districts in London. These clinics charge 1s. fee, and sell the required apparatus. In addition to these, there are one or two fairly well run clinics which are frankly commercial. There are also certain other commercial so-called "clinics" very badly run, which under the pretence of being birth control "clinics," cover their dealings in expensive abortifacient pills and criminal abortion. I prosecuted the keeper of one such (see p. 358).

The Committee on Maternal Health was "brought together" (their own words) in America in 1923

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with R. L. DICKINSON, M.D. as their secretary: this organization was well endowed with funds, far exceeding those available for any such institution in England, and they have consequently been able to produce an imposing series of publications on cognate subjects.

The number of Birth Control Clinics by 1931 in America was very great (see also p. 427). The year 1923 is significant, for in that year Margaret Sanger opened what is now the oldest and the largest Clinic in New York. Notes on the Birth Control Clinics in America have kindly been sent to me by Dr. Hannah M. Stone, M.D., who is the Medical Director of the Birth Control Clinical Research Bureau, New York. She says "This was the first Birth Control Clinic in America, a Clinic which has grown to be the country's largest Contraceptive Centre."

It was this Clinic which six years later (in 1929) was raided and Dr. Stone herself, another woman doctor and three nurses were arrested, though the case against them was dismissed by the magistrate in the final trial. The incident did much to focus public attention in America upon the significance of Birth Control.

It was highly significant also that organized women have increasingly taken the matter up actively in these last few years. The demand for instruction through the service of the Ministry of Health was made a plank in the practical platform of the National Union of Societies for Equal Citizenship, and the Labour women through their official organizations in

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successive years voted in favour of this movement, the voting being 1,000 in favour to 6 against. Yet in 1926, instead of the matter being brought up as it should have been before the whole of the Labour Party, it was side tracked by the Executive. The women, however, succeeded in getting what was practically a vote of censure passed on Mr. Ramsay MacDonald in this connection, and had the matter referred back for re-consideration.

Reference to the population problem and to the fundamental and even explicit medical details of contraception by this time became immensely numerous in the daily, weekly and monthly press, in novels, essays and books of travel, in addition to semi-technical and technical handbooks and text-books. These, although many of them are fully deserving of study, are far too numerous to mention here. One or two of them should be recorded however. For instance, there is the volume of travel by J. H. CURLE, "To-day and Tomorrow,"¹ the work of an expert mining engineer and world-wide traveller, coming to the conclusion that the one thing worth doing is the control of races through contraceptive knowledge. There is BLACKER's little book² which is a readable presentation of the popular aspects of the subject from the medical point of view. Even such a conservative organization as the League of Red Cross Societies permitted the publi-

¹ J. H. CURLE (1926): "To-day and Tomorrow—The Testing Period of the White Race." Pp. 218. London, 1926.

² C. P. BLACKER (1926): "Birth Control and the State." Pp. 95. London, 1926.

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cation of a statement on contraception.¹ Miss Maude Royden, the well-known preacher, followed up her pioneer helpfulness to the movement (see ante p. 334) by giving an introduction to the English translation of Ferch's² book.

In 1927 a very readable little book "The Survival of the Unfittest" appeared.³ A Conference on Population was held in Geneva which ignored all practical aspects of Contraception.⁴ The Report of the National Council of Public Morals appeared the same year.⁵

An 'International Medical Group,' with a restricted membership, was formed in 1927 and has issued three short pamphlets on current topics with contributors from various countries, edited by Dr. C. P. Blacker. These have been referred to *passim*, and are evidence, both of the growing medical interest in contraceptive technique and the hiatus in medical knowledge of essential details.

Lord Buckmaster brought his Motion before the House of Lords successfully, obtaining a very

¹ M. C. STOPES (1926): "The Value of Birth Control," *World's Health*, Monthly Review of the League of Red Cross Societies. Vol. vii. Paris, April, 1926. Pp. 165-167.

² JOHANN FERCH (1926): "Birth Control," translated by C. Roland, edited with an Introduction by A. Maude Royden. Pp. viii-123. London, 1926.

³ CHARLES W. ARMSTRONG (1927): "The Survival of the Unfittest." Pp. 160. London, 1927.

⁴ Proceedings of the World Population Conference, Geneva, 1927. Pp. 383. London, 1927.

⁵ "Medical Aspects of Contraception, Being the Report of the Medical Committee appointed by the National Council of Public Morals in connection with the investigations of the National Birth-rate Commission." Pp. xvi, 183. London, 1927.

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handsome majority in spite of the fact that the Government Whips were put out against it (see also p. 361).

The educational value of this achievement was fortuitously reduced by the incidence of the general strike, so there were not the usual newspaper reports, but the Debate was reprinted verbatim from Hansard in the *Birth Control News* and thus was available when Hansard was out of print.

The Ministry of Health, in spite of the strong lead given by the House of Lords (ante p. 343, and p. 361), delayed taking up its obvious duties in the matter of instruction at the ante-natal clinics and welfare centres, but, as was published in the *Birth Control News* for December, 1926, the Surrey County Council asked the Ministry of Health if they would approve of properly qualified medical officers giving advice on birth control at maternity and infant welfare centres to married women in those cases in which such advice is considered desirable, and in their official report the Surrey County Council state:—

“In their reply to this question the Ministry point out that information given by the medical officer of a centre, in the exceptional cases mentioned in the question, is a wholly different matter from the giving of contraceptive advice and instruction at the centre itself, and that such information should be given only on medical grounds by the medical officer of the centre and not by voluntary helpers or nurses on general social grounds.”

About that time I had the written assurance of the Chairman of the Health Committee of the Surrey

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County Council that they acted on this letter, and that birth control information was being given by their medical officers. This made it clear that although the Ministry of Health had not capitulated openly, it did not attempt to interfere with medical officers giving such information with the approval of the various local committees. This was a valuable step, and was followed by large numbers of Resolutions to the Ministry passed by Local Councils all over the country to which a great deal of space in the ordinary newspaper press was devoted, which all helped to pave the way for the permissive memorandum which ultimately appeared in typewritten form in July 1930 from the Ministry of Health. This is given verbatim in the next chapter, where the legal position of this country is dealt with (see p. 362).

Meanwhile almost simultaneously the Conference of the Bishops at Lambeth issued their Report when they made the following enlightened pronouncements.¹

“It must be recognized that there is in the Catholic Church a very strong tradition that the use of preventive methods is in all cases unlawful for a Christian. We acknowledge the weight of that testimony, but we are unable to accept that tradition as necessarily final. It must be admitted that it is not founded on any directions given in the New

¹ The Lambeth Conference, 1930, Encyclical Letter from the Bishops with Resolutions and Reports. Pp. 200, London, 1905. See relevant paragraphs in the *Birth Control News*, Vol. IX, No. 5, Sept. 1930. Pp. 65-69.

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Testament. It has not behind it the authority of any Oecumenical Council of the Church. Moreover, it is significant that the Communion which most strongly condemns in principle all preventive methods, nevertheless in practice recognizes that there are occasions when a rigid insistence on the principle is impossible."

"It can never be right for intercourse to take place which might lead to conception, where a birth would involve grave danger to the health, even to the life, of the mother, or would inflict upon the child to be born a life of suffering; or where the mother would be prematurely exhausted, and additional children would render her incapable of carrying out her duties to the existing family."

"In our judgment the question which they should put to themselves is this: Would conception be for any reason wrong? If it would clearly be wrong, and if there is good moral reason why the way of abstinence should not be followed, we cannot condemn the use of scientific methods to prevent conception, which are thoughtfully and conscientiously adopted."

The Birth Control Play, *Our Ostriches*,¹ in which I had placed on the stage a life-like representation of a Commission of Public Inquiry sitting on the subject of Birth Control under the Chairmanship of an Anglican Bishop, was played in London just before the Lambeth Conference. A number of clergy, including some bishops, attended it. Shortly after which the Archbishop of Canterbury speaking in

¹ MARIE C. STOPES (1923-1930): "Our Ostriches," a Birth Control Play, 2nd Edition. Pp. 106. London, 1930.

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Convocation, (when defending the attitude taken by the Bishops in their Lambeth Resolutions) was widely reported in the public press in large print headlines as saying,—“The policy of the Ostrich was impossible for the Bishops.”

Roman Catholic opposition to medical advance however persisted and involved even the *consideration* of scientific means for controlling conception. Their opposition crystallized in the phrase coined by themselves—“STOPERY OR POPERY”—and the heading “Stopery” thereafter constantly appeared in the Catholic Press. Even a Report of a Medical Congress was headed

“Eminent Doctors’ condemnation of Stopery,”¹ and another was “Glasgow Medical Guild Discuss Stopery.”

The Papal Encyclical² appearing at the end of 1930 still further emphasized the reactionary attitude of the Roman Catholic community involving unfortunately medical adherents to this faith, although in various parts of the world other religious communities and churches have adopted the more enlightened attitude of Lambeth.

In 1930 the seventh International Birth Control Conference had been held in Zürich, while at several other Conferences the same year papers on Birth Control had either been part of their programme or the subject had arisen spontaneously in the discussions.

The history of the last two or three years contains

¹ *Catholic Herald*, 23rd August, 4th October, 28th October, 1930.

² This Encyclical is too long to quote. The relevant portions are given verbatim in the *Birth Control News* for February 1931. Vol. IX. No. 10. Pp. 145 et seq. To it reference should be made.

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an immense number of events of great interest and importance to the Movement, and an increasing number of Reports, papers and discussions on the subject in the medical journals of many countries. Even to record them, however, would overburden this book. Those who are interested in following the steps by which in all quarters of the world medical knowledge has been released for service to the community by the pressure of public opinion, should refer to the *Birth Control News*¹ in England, the *Birth Control Review* in America, and Dr. Helene Stocker's Journal *Die Neue Generation* in Berlin, which all appeared month by month recording current events until the War.

As I write fresh events keep pouring in upon my pages. If I continued to struggle to include them, they would never be ready for the printer. A fitting date to fix as the conclusion of this brief narrative for the present edition is the 17th of March 1931, when the decade of the founding of the oldest Clinic was celebrated at the Ritz Hotel, London, and representatives of the medical profession and the Clinic movement in various parts of the world delivered greetings and drank the toasts to the first "Mothers' Clinic" and to "The Health of all Mothers and Babies."²

¹ *The Birth Control News*. New Series. Sixpence monthly, to be obtained direct from the C.B.C. or the Clinic, 108 Whitfield Street, Tottenham Court Road, London, W.1.

² See *Nature's* Leading Article, "Birth Control and Human Biology," by Prof. E. M. MacBride. *Nature*, pp. 509-511. 28 March 1931. London; also Verbatim Report of Speeches in the *Birth Control News*. Vol. IX. No. 12. Pp. 185-199. April 1931. London.

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The use of scientific contraceptive measures has now innumerable supporters, too many to mention here, and in spite of a biased effort to control our public press (see Ireland in the chapter on the legal position, p. 364), and some reactionary activities, the main public is now greatly stirred by the importance of the movement for constructive contraceptive knowledge, particularly as a health measure in the spacing of children to give maternal rest between births. The international aspects of the subject are also beginning to be realized, and one sees from time to time statements of the profound truth that the world will never be at peace until the nations intelligently control the influx of their populations in accordance with each national optimum.

I hope this present book may continue to contribute something helpful to the community, and clarify ideas on the methods in practical use, and, by making it easier to consider the subject openly in medical schools, perhaps ultimately lead to the attainment of a full scientific knowledge of the subject.

CHAPTER XII

The Legal Position of Contraception in Britain, Ireland, France, and America

In Great Britain there is not and there never has been any law against contraception or the publication and distribution of contraceptive knowledge

THE presentation of this, as of every other subject of discussion in Great Britain, is of course regulated by the ordinary considerations of decency and is covered by the Obscenity Laws. These, however, make no specific reference to contraception and it is properly on a level with any other physiological theme.

It is important that this fact should be realized because there are many misapprehensions, and even actual misstatements, in popular circulation about the matter.

Colour is lent to some of these misapprehensions by the fact that there have been from time to time individual prosecutions of one or two from among the many persons disseminating contraceptive knowledge.

The most notorious of these was the BRADLAUGH

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prosecution in 1877. A full report of the trial "THE QUEEN *versus* BRADLAUGH and BESANT" is available in book form, as well as in lengthy reports in the *Times* of that date. Those who read these reports, however, should be aware of a fact which has been universally overlooked. The pamphlet for which BRADLAUGH and BESANT were prosecuted had been published and widely disseminated in this country for forty years or so, before it attracted the attention of the Police. Then an unauthorized Bristol bookseller added questionable pictures to an edition which was promptly suppressed. I found this point in ANNIE BESANT'S autobiography and it is a significant one, as it was the first link in the chain of the prosecution which to us must appear otherwise inexplicable. The bookseller did not desire to defend or to continue to publish the pamphlet, but BRADLAUGH, who was then a prominent Atheist who had in several ways alienated public opinion, reprinted the pamphlet (without the illustrations) and wrote to the Police drawing their attention to the fact that he was printing and selling it.

The Trial, "REGINA *versus* BRADLAUGH and BESANT," opened on June 18, 1877, in the Court of Queen's Bench, before LORD CHIEF JUSTICE COCKBURN, and the jury returned curious answers which led to a verdict against the Defendants. Nevertheless, the penalties were not enforced and almost at once the verdict was quashed on appeal, and neither sentence nor further condemnation of the pamphlet took effect. BRADLAUGH did not go to prison, as is often mistakenly said he did. Other reprints of the

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KNOWLTON pamphlet are still sold to this day without let or hindrance.

Nevertheless, the reverberations of this famous trial have been tremendous, and led to an entirely distorted view of the origin and attitude of what is now known as the "Birth Control Movement," and also to mistaken ideas on the legal position of propaganda on the subject which are difficult to eradicate.

As was made abundantly clear in Chapter X, throughout the entire 19th century, long before, during, and ever since the BRADLAUGH trial, books and pamphlets giving explicit physiological contraceptive knowledge have been published without attack.

DR. H. A. ALLBUTT'S interesting case has been already considered at length (see p. 311) and did not involve a prosecution at all.

In 1888 a prosecution was instituted against MRS. BESANT'S pamphlet in Sydney, New South Wales. The appeal came before the Supreme Court, and two of the three judges, SIR W. WINDEYER and MR. JUSTICE STEPHEN, decided for the pamphlet, and the former in judgment almost eulogized such work, saying "I see nothing in the language which an earnest-minded man or woman of pure life and morals might not use to one of his or her own sex if explaining to him or her what was necessary in order to understand the methods suggested by which married persons could prevent the number of their children increasing beyond their means of supporting them."

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Opponents of progress continued to try to frighten people into the belief that Birth Control is illegal in Great Britain until after our Clinic had won so much public support that they were too obviously wrong for the false idea to persist. Finding themselves wrong they endeavoured to make it so. The Roman Catholic M.P. for Ardwick, Manchester, at the close of the summer session in 1922, asked a question in Parliament of the Prime Minister in which he deliberately described as obscene, literature having for its object the prevention of conception. The following is the verbatim report of the incident by Hansard:—

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“20 and 46. MR. HAILWOOD (1) asked the Home Secretary what steps, in the way of criminal proceedings, he proposes to take in order to check the seriously increasing output of obscene literature having for its object the prevention of conception ;

“(2) Asked the Prime Minister whether the Government intends to introduce legislation, on the lines of the French law of 1920, making it a punishable offence to publish or distribute books or pamphlets advocating or teaching the prevention of conception or offering for sale or advertising the sale of articles designed for the like purpose?

“MR. SHORTT: It is the duty of the police to take proceedings in any case where books of an obscene character are being circulated, but it cannot be assumed that a Court would hold a book to be obscene merely because it deals with the subject referred to. There is no present intention of introducing legislation.

“MR. HAILWOOD: Is the right hon. Gentleman aware that many of these books contain positively obscene drawings?

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"MR. SHORTT: No doubt it would be a question of fact in each case whether a book was obscene or not.

"SIR J. BUTCHER: Is it possible, in this connection, to prevent the publication in the newspapers of very undesirable matter which is given in evidence in the Law Courts?

"HON. MEMBERS: '*News of the World.*'

"MR. W. THORNE: Is there anything published in any book worse than the proceedings in the Russell divorce case?"

Efforts by Roman Catholics to interfere with our legal freedom are ceaseless, and so recently as 1st of April, 1931, the following is recorded in Hansard:—

"39. COLONEL SIR JAMES REYNOLDS asked the Post-Master-General if his attention has been drawn to the extensive use of the post for the dissemination of birth-control literature; and if he will take further steps to prohibit such use of the post?

"MR. VIAN: My attention has been drawn to the fact that such literature is sent by post, but I am advised that, unless the language used is indecent or obscene, I have no power to prohibit the transmission of such matter by post."

In Great Britain prosecutions of those advocating contraception have not been many. They have always depended on some accessory circumstance and have not been direct attacks on the subject itself. The most recent of any note was that of Gott, the Atheist and organizer of the so-called Liberator League (which published a blasphemous illustrated rag, the *Rib-tickler*, in which obscene jokes were mingled with exhortations to take up contraception, and the provision of actual contraceptive knowledge). Gott

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was sentenced to imprisonment in Birmingham, but this prosecution naturally has no bearing on the legal position of properly presented contraceptive knowledge.

Confusion on this subject is, unfortunately, increasingly engendered by extremists who, desiring to see *abortion* (which, excepting therapeutic abortion, is criminal in this country) made legal, confuse the terminology and the ideas of the man in the street by calling abortion a method of birth control. This is even done by responsible and well educated people who ought to know better, as for instance in the correspondence lasting several weeks in the *New Age* from December 1929 to February 1930. Grievous results of such confusion are the "herbalists" and "rubber-goods" traders in back streets who, under the guise of "birth control" carry on active businesses in abortion among the poor in open defiance of the police. This type of dirty and dangerous trader was with increasing effrontery using the cloak of "birth control" and even of my name, so I instituted a private prosecution against a flagrant case, a man Carpenter. He was sentenced to five years' penal servitude at the Central Criminal Court on the 18th of February, 1930.¹

Although the legal position in Britain is so perfectly free and untrammelled, nevertheless there are legal dangers ahead from two principal sources. First, from the clerical fanatics who desire to shackle

¹ See the *Vigilance Record*, No. 3, new series, pp. 18-19, March 1930, London, and the *Birth Control News*, vol. 8, No. 11, pp. 161-163, March 1930, London.

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Catholic knowledge of all sorts in this country and who avowedly are endeavouring to have all contraceptive knowledge and literature made a penal offence. Exhortations, and incitements to Roman Catholic medical practitioners and others to sway public opinion against all contraception have become common.¹ Actual resolutions have been passed to this effect: for instance, at an important Conference of the Roman Catholic medical men, clergy and others in Glasgow, 1922, when the following resolution was adopted: "That in the interests of public morality as well as the health and welfare of the nation, we urge the Government to make it a penal offence to advertise the sale of contraceptives, to expose in shop windows and other places appliances for immoral purposes, and to **publish or expose for sale any literature that advocates birth control.**" The significance and menace of this kind of resolution have not, I think, been fully recognized yet.

Secondly, there is a certain, though small and diminishing, section among medical practitioners who desire to gain legal control of all contraceptive knowledge. This, for instance, was unequivocally stated by Professor McIlroy in her paper before the Medico-Legal Society,² although she had just said that "The knowledge of the use of contraceptives is now almost universal." She continued, "What

¹ See, particularly, such papers as the *Catholic Times*, *Catholic Herald*, and the *Universe*, for instance in July and August, 1922.

² A. L. MCILROY (1921): "Some Factors in the Control of Birth-rate." *Trans. Medico-Legal Soc.* for 1921-22, pp. 137-151. London, 1921.

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attitude has the medical profession taken up with regard to birth control?" . . . "Perhaps it may be to the credit of the medical profession to say that it has hitherto avoided the open discussion of such questions from a sense of morality and purity. But the days are gone for holding aloof." . . . "We must find out scientific and reliable methods which we can keep under our advice and control. Surely, if the induction of abortion requires the presence of two members of the profession for its justification, the use of contraceptives should be controlled by similar ethical regulations."

This dangerous and retrograde attitude should be carefully watched by those interested in the welfare of humanity: from the better element of the medical profession itself it will, I think, find its greatest enemy, for the attitude of the enlightened practitioner is that of the Medical Officer of Health for Chester who so recently said "Birth Control is accepted as being for the National good and all that remains to be settled is the best means of control and the general education of the public on contraceptive methods."¹

The powers of the Ministry of Health were all along ample for the purpose of yielding to the demand that the medical officers in the Ministry's service should not be hindered in their duty to their patients by restrictions regarding contraception which do not apply to other requisite advice. No legislation

¹ MEREDITH YOUNG, M.D.: "County Palatine of Chester Report of the Medical Officer of Health for the year 1921." Pp. x, 152. Chester, 1922.

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was necessary, but to demonstrate opinion the matter was brought before the House of Lords as a considered Motion by Lord Buckmaster on April 28, 1926. His Motion was carried by a good majority. Its wording was:—

“That His Majesty’s Government be requested to withdraw all instructions given to, or conditions imposed on welfare committees for the purpose of causing such committees to withhold from married women in their district information when sought by such women as to the best means of limiting their families.”

The clearly expressed attitude of the whole House of Lords, favourable to the dissemination of contraceptive knowledge through the Clinics supported by the Ministry of Health, made it apparent that the attitude of one of the most conservative bodies in the country was not merely permissive but actively favourable to the subject. For a verbatim report of this great Debate, see *Birth Control News* from May to October, 1926.

Free Britain’s proud boast is that she has no birth control laws and does not need them. The long drawn obstructiveness of the Ministry of Health depended, not on law but on an *ipse dixit* which did not call for an appeal to the complex machinery of a Parliamentary Bill. And thus it was accomplished; the Cabinet intervening. I was visited by an Under Secretary of State in the summer 1930 and informed that the Ministry’s opposition would cease. The Ministry of Health issued its permissive Memorandum in typescript for official circulation in July

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1930, and thus met the demand I formulated in 1921 (see p. 399) which had been echoed in growing volume and intensity, recently resounding from all quarters.

The following text was distributed in typescript by the Ministry to officials all over the country in July 1930; was printed in the *Birth Control News* in September 1930; and was published officially in printed form in March 1931.

As the Government's rather intricate wording is not so widely understood as it should be, and as it is of extreme importance to local medical officers of health and municipal committees, I give it *verbatim* below.

THE MINISTRY OF HEALTH'S PERMISSIVE MEMORANDUM

G.R.

Memo. 153.

M.C.W.

BIRTH CONTROL

(1) The Minister of Health is authorized to state that the Government have had under consideration the question of the use of institutions which are controlled by Local Authorities for the purpose of giving advice to women on contraceptive methods.

(2) So far as Maternity and Child Welfare Centres (including Ante-Natal Centres) are concerned, these Centres can properly deal only with expectant mothers, nursing mothers, and young children, and it is the view of the Government that it is not the function of the Centres to give advice in regard to birth control and that their use for such a purpose would be likely to damage the proper work of the Centres. At the same time the Government

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consider that, in cases where there are *medical grounds* for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to *cases where further pregnancy would be detrimental to health*, and should be given at a separate session and under conditions such as will not disturb the normal and primary work of the Centre. The Minister will accordingly be unable to sanction any proposal for the use of these Centres for giving birth control advice in other cases.

(3) The Government are advised that Local Authorities have no general power to establish birth control clinics as such, but that under the Notifications of Births (Extension) Act, 1915, which enables Local Authorities to exercise the powers of the Public Health Acts for the purpose of the care of expectant mothers and nursing mothers, it may properly be held that birth control clinics can be provided for these limited classes of women. Having regard to the acute division of public opinion on the subject of birth control, the Government have decided that no Departmental sanction which may be necessary to the establishment of such clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be given only in *cases where further pregnancy would be detrimental to health*.

(4) Under the Public Health Acts, Local Authorities have power to provide clinics at which medical advice and treatment would be available for women suffering from gynæcological conditions. But the enactments governing the provision of such clinics limit their availability to sick persons, and the Government have decided that any Departmental sanction which may be necessary to the establishment of such clinics shall be given only on the following conditions: (1) That the clinics will be available only for women who are in need of medical advice and treatment for gynæcological conditions; and (2) that advice on contraceptive methods will be given only to married

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women who attend the clinics for such medical advice or treatment, *and in whose cases pregnancy would be detrimental to health.*

*Ministry of Health,
July 1930.*

IN IRELAND

The Irish Free State, at the instigation of certain Roman Catholic Priests (whose names are known and whose avowed intention of creating a public opinion which would tolerate such a law are published, and procurable though with difficulty) passed a law at variance with the laws of Great Britain in the year 1929. It is the Censorship of Publications Act 1929 published by the Stationery Office, Dublin. The relevant clauses read as follows:—

[1929.]

[No. 21.]

“CENSORSHIP OF PUBLICATIONS ACT, 1929

PART IV

MISCELLANEOUS AND GENERAL

“16. (1) It shall not be lawful for any person, otherwise than under and in accordance with a permit in writing granted to him under this section—

- (a) to print or publish or cause or procure to be printed or published, or
- (b) to sell or expose, offer, or keep for sale, or
- (c) to distribute, offer or keep for distribution,

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any book or periodical publication (whether appearing on the register of prohibited publications or not) which advocates or which might reasonably be supposed to advocate the unnatural prevention of conception or the procurement of abortion or miscarriage or any method, treatment, or appliance to be used for the purpose of such prevention or such procurement.

“(2) Every person who acts in contravention of this section shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding fifty pounds, or, at the discretion of the court, to imprisonment for any term not exceeding six months or to both such fine and such imprisonment.

“(3) A book or periodical publication containing an advertisement relating to a book or periodical publication which advocates or might reasonably be supposed to advocate within the meaning of sub-section (1) of this section one or more of the matters mentioned in that sub-section shall not, by reason only of its containing such advertisement, be deemed itself to advocate any of such matters, provided such advertisement is inserted for reward and is not and could not reasonably be supposed to be itself an advocacy of any such matter.

“(6) The Minister for Posts and Telegraphs may by order under this section make regulations for the purpose of preventing the sending or delivery by post (otherwise than under and in accordance with a permit in writing granted under this Act) of any book or periodical publication for distribution of which is prohibited by this section.

“17. (1) The reference contained in section 3 of the Indecent Advertisement Act, 1889, to printed matter which is of an indecent or obscene character shall be deemed to include advertisements which relate or refer or may be reasonably supposed to relate or refer to any disease affecting the generative organs of either sex, or to any

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complaint or infirmity arising from or relating to sexual intercourse, or to the prevention or removal of irregularities in menstruation, or to drugs, medicines, appliances, treatment, or methods for procuring abortion or miscarriage or preventing conception."

This law has kept certain books out of the country, including my own: simultaneously the Judges and Clergy have complained of an increase in the crime of *infanticide*.

IN AMERICA

As might have been expected from a progressive community of persons of intelligent mind, America was one of the leading pioneers in the earlier dissemination of modern contraceptive methods. This, I think, will be apparent in the chapter on the history of the nineteenth century. KNOWLTON's pamphlet itself emanated from America as did the great work of DR. TRALL in 1866 which, though a serious book, had an immense and popular success. Then in the year 1873 into ANTHONY COMSTOCK's Law regulating obscenity the words "prevention of conception" were slipped, which led to very serious results in the United States of America.

The history of this error, so significant not only for the United States but for the whole world, is of interest. I am indebted to the publications of the Voluntary Parenthood League of New York for the information which follows:—

For an exact half century the people of the United States have been the victims of a great error which

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Comstock and Congress unwittingly committed in connection with their commendable effort to free the young people of the country from contamination by those who were then trafficking extensively in smutty literature and inducements to sex perversion.

Their error in judgment was to include in Section 211 of the Penal Code the two words "preventing conception." In their eagerness to abolish the promotion of the misuse of contraceptive knowledge in connection with morbid and irregular practices, they thoughtlessly framed the law so as to forbid all circulation of any knowledge whatever, thus making it in the eyes of the law just as much a crime for high-minded responsible married people to learn how to space the births in their families wisely, as for the low, vicious or perverted few to spread information about how to abuse this knowledge in abnormal, unwholesome ways.

The Congressional Record of the short session of Congress which ended on March 4, 1873, shows beyond any reasonable doubt that Anthony Comstock himself had no intention of penalizing normal birth control information. He was simply so bent upon wiping out the shocking commerce in pornographic literature which so disgraced that period that he rushed headlong into the question of legislation without due consideration as to the results.

QUICK WORK

The Comstock bill was introduced on February 11, 1873, passed by both Houses and signed by the President before the close of the session on March 4.

The Congress of 1873 would very likely have declined to push the bill through so speedily if it had asked for money, for even in those days appropriations were a problem, but a mere nothing compared to the battle for funds which so largely occupies the minds of our post-war Congress now.

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HOW THE COMSTOCK BILL WAS PASSED

Measure enacted without discussion in last few days of expiring Congress. Signed by President on final day, March 3

The chronology of the history of the bill in both Houses is very brief. There was no discussion on the subject matter. There were no speeches delivered. The measure was a unanimous consent action in the Senate, and was passed under a suspension of rules in the House. There was no roll call on the passage of the bill in either House. It slipped under the wire for the President's signature on the very last day.

The sequence of events was as follows: In the Senate. The bill was sponsored by Senator Windom of Winona, Minnesota, and introduced on February 11.

The measure was referred to the Committee on Post Offices and Post Roads, and reported on without amendment, on February 13.

On February 14 the bill was recommitted to the Committee on motion of Senator Buckingham of Connecticut who thereafter took charge of the bill on the floor. It came promptly back the next day, amended and approved by the Post Office Committee, but neither the bill nor the amendment was discussed. Senator Buckingham asked unanimous consent to take up the bill, saying, "I think there will be no objection to it." Senator Thurman of Ohio protested that it was too important to vote on without deliberate investigation, and asked that it go over. It did for two days.

On the 20th by unanimous consent the business of the "morning hour" was extended for ten minutes to permit discussion of the bill. But the discussion was remarkably unilluminating as to the merits of the bill. Senator Buckingham offered an amendment which omitted the clause providing exemption for contra-

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ceptive information on prescription of a duly licensed physician, given in good faith. Two Senators asked Senator Buckingham to explain the difference between the amended version and the previous version. He evaded explaining.

Senator Hamlin of Maine urged that the measure be accepted as approved by the Committee and "not to tinker with it on the floor." Senator Conkling of New York insisted that the bill be printed as amended, "in order that we may know something at least of what we are voting upon." He said, "For one, although I have tried to acquaint myself with it, I have not been able to tell, either from the reading of the apparently illegible manuscript in some cases by the Secretary, or from private information gathered at the moment, and if I were to be questioned now as to what this bill contains, I could not aver anything certain in regard to it. The indignation and disgust that everybody feels in reference to the acts which are here aimed at may possibly lead us to do something which, when we come to see it in print, will not be the thing we would have done if we had understood it and were more deliberate about it."

But there was no further discussion and the next day, February 21, the bill was called up and passed.

The history of the bill in the House is even more brief. On February 22 a message was received from the Senate that the bill had been passed and the concurrence of the House was requested.

On March 1 Representative Merriam, of Locust Grove, New York, moved to suspend the rules and "take from the Speaker's table and put upon its passage the bill (S. 1572)." Mr. Kerr of Indiana moved its reference to the Judiciary Committee, saying "Its provisions are extremely important, and they ought not to be passed in such hot haste." Mr. Cox of New York inquired if debate was in order. The Speaker

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ruled that it was not. Mr. Merriam moved to suspend the rules and pass the bill. The necessary two-thirds vote to suspend the rules was polled, and the bill was passed without a roll call.

After the passage of the bill, Mr. Merriam obtained leave to print remarks on it in the Congressional Record.

Contraceptive knowledge was not once mentioned by any member of Congress on floor of either House during session when bill was passed penalizing the said knowledge.

No candid reader of the record of how this measure was presented to Congress and passed by the members without debate can possibly assume that the bill was aimed at the complete suppression of access to scientific contraceptive knowledge for normal use.

If that had been the aim of the bill surely some of the members would have been more insistent than they were upon discussing the provisions of the bill. For some years previous, excellent publications of a dignified and scientific sort had been increasingly circulated in the United States, notably the book by Dr. Trall which was sold in such quantity in the sixties that it would rank well as a "best seller" in present days. It would also still rank high as an authoritative teaching regarding the control of conception if it could be published in full to-day.

The fact that the control of conception was not mentioned by any member in either House is most convincing evidence that their minds were not taken up with that question, but that they accepted on faith the general aim of the measure which was to suppress gross indecencies.

People who well remember Comstock's procedure during the short session of 1873 have described his very effective way of getting support for his bill. He simply showed to the members of Congress whom he interviewed specimens of the disgusting pictures and

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publications which were then in circulation and from which the publishers were deriving large profits. The stuff was so obviously outrageous and it was so revolting to know that it was being diligently spread among the youth of the country, that the response of the Congressmen to his proposed bill for making the matter unmailable was immediate. This is the outstanding fact which accounts for the ease with which the bill was put through without debate. Most of the members had been interviewed by Comstock, and while it was careless, it was at least understandable that they should take it for granted that the bill merely accomplished the suppression of nasty literature and information in accordance with Comstock's description of its aim, and that they should not realize the unfortunate blunder they were making by the sweeping inclusion of contraceptive knowledge.

The Federal Law was passed in 1873 and the now notorious Section 211 of the Penal Code reads as follows:

"Every obscene, lewd, or lascivious, and every filthy book, pamphlet, picture, paper, letter, writing, print, or other publication of an indecent character, and every article or thing designed, adapted, or intended for preventing conception or producing abortion, or for any indecent or immoral use; and every article, instrument, substance, drug, medicine, or thing which is advertised or described in a manner calculated to lead another to use or apply it for preventing conception or producing abortion, or for any indecent or immoral purpose; and every written or printed card, letter, circular, book, pamphlet, advertisement, or notice of any kind giving information directly or indirectly, where, or how, or of whom, or by what means any of the hereinbefore-mentioned matters, articles, or things may

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be obtained or made, or where or by whom any act or operation of any kind for the procuring or producing of abortion will be done or performed, or how or by what means conception may be prevented or abortion may be produced, whether sealed or unsealed; and every letter, packet, or package, or other mail matter containing any filthy, vile, or indecent thing, device or substance and every paper, writing, advertisement, or representation that any article, instrument, substance, drug, medicine, or thing may, or can be, used or applied, for preventing conception or producing abortion, or for any indecent or immoral purpose; and every description calculated to induce or incite a person to so use or apply any such article, instrument, substance, drug, medicine, or thing, is hereby declared to be non-mailable matter and shall not be conveyed in the mails or delivered from any post office or by any letter carrier. Whoever shall knowingly deposit or cause to be deposited for mailing or delivery, anything declared by this section to be nonmailable, or shall knowingly take, or cause the same to be taken, from the mails for the purpose of circulating or disposing thereof, or of aiding in the circulation or disposition thereof, shall be fined not more than five thousand dollars, or imprisoned not more than five years, or both."

In 1909 Congress passed a further restriction making it illegal to transport by express or by any public carrier all the things prohibited to the mails in Section 211. This new law became Section 245 of the Penal Code and read as follows:

"Whoever shall bring or cause to be brought into the United States or any place subject to the jurisdiction thereof from any foreign country or shall therein knowingly deposit or cause to be deposited with any express company or other common carrier for carriage from state, territory or district of the United States,

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or place non-contiguous to, but subject to the jurisdiction thereof, or from any place in or subject to the jurisdiction of the United States through a foreign country to any place in or subject to the jurisdiction of the United States, any obscene, lewd or lascivious or any filthy book, pamphlet, picture, paper, letter, writing, print, or other matter of indecent character, or any drug, medicine, article or thing designed, adapted or intended for preventing conception or producing abortion, or for any indecent or immoral use, or any written or printed card, letters, circular, book, pamphlet, advertisement or notice of any kind, giving information directly or indirectly, where, how, or of whom, or by what means any of the hereinbefore-mentioned articles, matters, or things may be obtained or made, or whoever shall knowingly take or cause to be taken from such express company or common carrier, any matter or thing, the depositing of which for carriage is herein made unlawful, shall be fined not more than five thousand dollars or imprisoned not more than five years or both."

The measure advocated by the Voluntary Parenthood League would remove all the words which are underlined in these last two statutes.

Following the Federal Act of 1873 there was an epidemic of State laws on this subject, mostly modelled closely on the Federal law, until now there are only two States in the Union which have not some sort of "obscenity" statute. These relatively free States are North Carolina and New Mexico. The Federal Act was not only a very prolific ancestor of all these State laws, but there was an extraordinary family likeness in the progeny. In half the States, the giving of contraceptive knowledge is definitely listed as a crime. In the other half of the States, by virtue of the Federal precedent, courts can declare it a crime to impart this knowledge.

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The different States vary to some extent and the exact scope of the various U.S.A. State laws is given in the following compilation [1923]:

Twenty-four States (and Porto Rico) specifically penalize contraceptive knowledge in the obscenity laws.

Twenty-four States (and the District of Columbia, Alaska and Hawaii) have obscenity laws, under which, because of the Federal precedent, contraceptive knowledge may be suppressed as obscene, although it is not specifically mentioned. Obscenity has never yet been defined in law. This produces a mass of conflicting, inconsistent judicial decision, which would be humorous, if it were not such a mortifying revelation of the limitations and perversions of the human mind.

Twenty-three States make it a crime to Publish or Advertise contraceptive information. They are as follows: Arizona, California, Colorado, Idaho, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Washington, Wyoming; also Porto Rico.

Twenty-two States include in their prohibition Drugs and Instruments for the prevention of conception. They are as follows: Arizona, California, Colorado, Connecticut, Idaho, Indiana, Iowa, Kansas, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Washington, Wyoming and Porto Rico.

Eleven States make it a crime to have in one's possession any instructions for contraception. These are: Colorado, Indiana, Iowa, Minnesota, Mississippi, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Wyoming.

Fourteen States make it a crime to tell anyone where or how contraceptive knowledge may be acquired. These are: Colorado, Indiana, Iowa, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada,

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New Jersey, New York, Pennsylvania, Washington, Wyoming.

Six States prohibit the offer to assist in any method whatever which would lead to knowledge by which contraception might be accomplished. These are: Arizona, California, Idaho, Montana, Nevada, Oklahoma and Porto Rico.

Eight States prohibit depositing in the Post Office any contraceptive information. These are: Colorado, Indiana, Iowa, Minnesota, New York, North Dakota, Ohio, Wyoming (1).

One State, Colorado, prohibits the bringing into the State of any contraceptive knowledge.

Four States have laws authorizing the search for and seizure of contraceptive instructions, and these are: Colorado, Idaho, Iowa, Oklahoma. In all these states but Idaho, the laws authorize the destruction of the things seized.

Certain exemptions from the penalties of these laws are made by the States for

Medical Colleges	Medical Books	Physicians
Colorado	Colorado	Colorado
Indiana	Indiana	Indiana
Missouri	Kansas	Nevada
Nebraska	Missouri	New York
Ohio	Nebraska	Ohio
Pennsylvania	Ohio	Wyoming
Wyoming	Pennsylvania	
	Wyoming	

Druggists

Colorado, Indiana, Ohio, Wyoming.

Two States have no obscenity statutes, but police power in these States can suppress contraceptive knowledge as an "obscenity" or "public nuisance," by virtue of the Federal precedent. These States are: North Carolina and New Mexico.

The Legislative Reform programme of the Volun-

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tary Parenthood League is, by a short Bill, to effect a change in the Federal Law by removing the two words "preventing conception" from the Federal Obscenity Statutes and all State Statutes where they occur.

At present, however, even after many years of agitation by influential citizens in the United States, the Post Office inquisition concerning contraception is very active. The extraordinary position arose of a medical man as Postmaster-General one of whose first actions was to advertise publicly his power to enforce the so-called Obscenity Laws regarding even private letters posted from a medical man to his patients!

The following bulletin appeared in all American post offices immediately after DR. HUBERT WORK succeeded MR. WILL HAYS as Postmaster-General:

IT IS A CRIMINAL OFFENSE

*To send or receive obscene or indecent matter
by mail or express*

The forbidden matter includes anything printed or written, or any indecent pictures, or any directions, drugs or articles for the prevention of conception, etc.

The offense is punishable by a *Five Thousand Dollar Fine or Five Years in the Penitentiary or Both.*

Ignorance of the law is no excuse.

For more detailed information on this subject read Sections 480 and 1078 of the Postal Laws and Regulations, which may be consulted at any post office.

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I may say that in the autumn of the year of grace 1922, I had not only a private, but a sealed registered letter, to a *medical* publisher opened under this Act, and that it was not delivered to the addressee!

Nevertheless, the United States of America at present are teeming with debased and illegal pamphlets and books of all sorts giving contraceptive information, and even my own work has been pirated, altered and sold broadcast. Some knowledge of contraceptives is very widespread. Thus in the recent book by DAVIS,¹ she reports on questionnaires sent to various types of women, "of our entire 1,000 cases 730 used contraceptives."

Reference should be made to the publication of the Voluntary Parenthood League, *The Birth Control Herald* for the years 1922 to 1925, for incidents showing the immense illegal traffic in contraceptive information and its steady increase while the Comstock Law prevents the open and decent publication by scientific and medical persons of the knowledge which rich and poor alike are thus forced to obtain from daring pirates and profiteers, many of whom charge exorbitant prices for their illicit publications, while the trade of abortionist is commonly practised.

Fuller details regarding the more recent position in America and the laws operating in the various States will be found both in the excellent and

¹ KATHARINE B. DAVIS, PH.D. (1929) "Factors in the sex-life of twenty-two hundred Women." Pp. xx, 430. New York, 1929.

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substantial publication by MRS. MARY WARE DENNETT,¹ and the pamphlets by Dr. Knopf.^{2 3}

In America at present (1931) there are active efforts to pass through the legislative assemblies a revision of the Comstock Law which will still leave the whole subject of the control of conception as "obscene" except only when handed by members of the medical profession. Hence of special interest is DR. WILLIAM J. ROBINSON'S⁴ view (expressed with emphasis and repetition) "millions of women throughout the world live so far away from a doctor that they cannot consult him even once, and therefore until the State or private agencies and birth control clinics take the matter in hand, and see to it that every woman *with her marriage license* gets complete detailed instruction in prevenception, the best prevenceptive will be the one which *every* woman can use without a visit to a doctor, merely from a printed leaflet with illustrated instructions."

IN FRANCE

Until 1920 there was no law against contraceptive knowledge in France, but at the same time the

¹ MARY WARE DENNETT (1926): "Birth Control Laws—Shall we Keep them, Change Them or Abolish Them?" Pp. ix, 309. New York, 1926.

² S. A. KNOPF, M.D. (1929) "Birth Control Laws, their unwisdom, injustice, and inhumanity." Pp. 21. Reprinted from *Med. Journ. and Record*. Feb. 20th, 1929. New York.

³ S. A. KNOPF, M.D. (1930) "The Dilemma of the Family Physician Regarding Contraception and Sterilization for Race Betterment." Reprint from *Medical Times*, April 1930. Pp. 14. New York.

⁴ WILLIAM J. ROBINSON, M.D. (1929) "Practical Prevenception or the technique of birth control." Pp. v, 10. Hoboken, U.S.A., 1929.

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nation as a whole appeared not to be considering the subject in a very scientific or critical manner and there is no doubt that a number of rather harmful methods of procedure were prevalent. Possibly this fact added some weight to the arguments which were specially devised to appeal to a nation war-jaded and with nerves somewhat shattered and anxious to repopulate its devastated areas, and so in the year 1920 an extraordinary Bill was passed making even scientific consideration of contraception a criminal offence. The translated text of the Bill is as follows

LAW REPRESSING THE PROVOCATION OF ABORTION AND THE PROPAGANDA OF CONTRACEPTION

The Senate and the Chamber of Deputies are agreed the President of the Republic announces the following law, which is as follows:—

Art. 1. A term of imprisonment, varying from 6 months to 3 years, or a fine, varying from 100 fr. to 3,000 fr., shall be the punishment of anyone, who

either by speeches in public places
or by the sale, the putting up for sale, or by offering even privately, by exposition, by advertisement, by distribution in the public way or in public places or by distribution at houses, by sending under wrapper or envelope or by transporting books, writings, pamphlets, announcements, advertisements, drawings, images, emblems
or by advertising medical cabinets or so-called medical cabinets

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should have provoked the crime of abortion even if the provocation was not successful.

Art. 2. There shall be the same punishment for anyone who shall have sold: put up for sale, or caused to be sold or caused to be distributed, in no matter what manner, remedies, substances, instruments, or any kind of object, knowing that they are destined to commit the crime of abortion, even when this abortion had not been completed, nor attempted, or even when these remedies, substances, instruments or objects, declared to be efficacious for abortion, were in truth of no use for carrying it out.

Art. 3. A term of imprisonment varying from 1 month to 6 months and a fine varying from 100 fr. to 5,000 fr. shall be the punishment of anyone who, in the wish to propagate contraception, should have divulged or offered to explain, methods for preventing pregnancy or, more, to facilitate the use of these methods.

The same punishments shall be applicable to anyone who, by one of the methods numbered in Article 23 of the law of the 29th July 1881 should have devoted himself to contraception propaganda or to a propaganda against childbirth.

Art. 4. The same punishment shall be given for infractions of articles 32 and 36 of the law of the 21 Germinal year XI, when the secret remedies are indicated by pamphlets, announcements or any other means, as enjoying specific virtues for preventing pregnancy even although the indication of these virtues was untrue.

Art. 5. When abortion has been attained as the result of the actions or practices foreseen in Article 2 the

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dispositions of Article 317 of the penal code shall be applied to the authors of the same aforesaid actions or practices.

Art. 6. The Article 463 of the Penal Code is applicable to the above-mentioned crimes.

Art. 7. The present law is applicable in Algeria and in the colonies in the conditions which shall be determined by the rules of the public administration. The present law deliberated upon and adopted by the Senate and by the Chamber of Deputies shall be executed as law of the State.

Made at Rambouillet, 31 of July, 1920.

Signed P. DESCHANEL.

The Garde of the Seals, Minister of Justice.

Signed Lhopiteau.

The result of this law, of course, has been the break-up of the Malthusian League in France and the cessation of intelligent consideration of the subject; but the result has not been such an increase in births as the promoters of the Bill professed to desire. It failed at once and it continues to fail, and although live births have not increased abortions have greatly increased. DR. LACASSAGNE of Lyons, a very experienced sociologist, estimated that the number of abortions in France rose to not less than five hundred thousand in a year, a figure which the *Catholic Times* rightly says is absolutely appalling, in comparison with the total of only seven hundred and fifty thousand actual births a year. See also the report in the Red Cross Bulletin.¹

¹ "The Protection of Motherhood" (1921): *Bull. League of Red Cross Soc.* Pp. 267-273. Geneva, 1921.

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FRENCH MINISTRY OF LABOUR

FIGURES OF BIRTHS FOR 1921

In 1920, the year before the new law became operative, the births were, in excess of deaths, 159,170.

But in 1921, the year after the reactionary law against birth control, the number sank to 117,083.

But these figures are unduly high owing to the accession of Alsace and Lorraine.

“Natalité! Natalité! C'est un cri d'alarme!”

The French papers are still full of articles on the cause and cure of depopulation.

Its cure, however, will not be found to lie in making contraception illegal. No greater mistake could have been made, for contraception merely prevents undesired conception, leaving the mother healthy and potentially fertile, but the abortions which are now so tragically numerous and so rapidly increasing leave the mother weakened often for life and thereafter incapable of having healthy children.

Poor France! The 1920 law pushed her towards the dangerous slope of real Race Suicide.

The Nazi regime in Europe has, of course, fundamentally altered the position in many countries. It is to be noticed that one of the first steps toward claiming “lebensraum” has been the destruction of birth control clinics, the suppression of knowledge, and the coercion of motherhood artificially to raise the birth rate in an attempt to force up the population and thus to claim more land because of the large population. This is true of all three aggressor-nations, Germany, Italy and Japan.

CHAPTER XIII

Instruction in Medical Schools

INSTRUCTION in many of the subtleties of *normal* sex-life, and the physiological and psychological aspects of the controlled sex-congress in human beings should naturally form one of the more important themes of the education of medical students in all medical schools. Nevertheless in Britain (at any rate in the last generation or two) this subject has been so neglected that the majority of doctors who are now qualified and practising have received nothing in the form of training or instruction in contraception in the whole of their college courses. This was written in 1923: in spite of all the other advances it was still true in 1931. Such letters as the following testify not only to this fact, but to the deprivation which the practising medical feels when he comes in direct personal contact with the innumerable lives among his own patients whose health and happiness are jeopardised for want of such knowledge as he should have been trained to hand on.

No. 1002 (an M.B. and Ch.B.). "It is the fact that during the whole of my University training for my profession the subject of the control of

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conception was never mentioned. It seems to have been left for you to make this—in many cases necessary knowledge—available in a form suitable for the lay mind as well as the professional.”

No. 1004 (an M.D.). “Although a medical man of some experience and supposed to be well-informed on these matters, I realize that I knew very little.”

No. 1003. “Will you be so kind as to tell Dr. — a method of birth control. He believes in judicious control in many cases, but he only knows of the sheaths for men.”

No. 1006 (an M.B., Ch.B.). “Although I am a medical man, at the time of my marriage five years ago (1915) I knew little or nothing of the abstruse problems of sex. During my medical course, at one of the most famous British schools, I received no instruction whatsoever on this subject—apart, of course, from the ordinary training in midwifery and gynæcology. I should be obliged if you could give me your opinion as to the most hygienic and safe means of controlling pregnancy, as I am frequently consulted on this subject and often feel at a loss as to what to advise.”

No. 1051 (an M.B.). “Recently I gathered the only scientific knowledge of the subject of contraceptives which I possess from your ‘Wise Parenthood.’ As you are aware medical men have about as small a chance of acquiring such information as have the general public.”

No. 1053 (an M.B.). “I take the liberty of writing to ask you what are the methods you advise in your Clinic? I have in my mind a case of two consump-

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tives just married in whom I take an interest (patients of mine). They do not wish to have children for fear the disease, or tendency to it, should be transmitted. If you could let me know the means you use to prevent this I should be greatly obliged *and keep it secret*. I am a country practitioner of twenty years' standing."

No. 2045 (an M.D.). "Would you be so kind as to see a patient of mine at your Clinic and to give her some advice (or contraceptives). I have no idea where she should go."

No. 2001 (a medical woman). "In two years I have had three children and a fractured patella and I feel a physical and mental wreck. My husband and I are both doctors, but we seem to be hopeless ignoramuses on this subject."

No. 101 (a medical practitioner). "I have just finished reading your interesting and instructive book 'Married Love': although a practitioner of twelve years, and a married man with four children, it has taught me many things I did not know before and concerning which many of our profession are ignorant. A question frequently asked in private practice is 'what means of prevention do you advise?' I have always advised *coitus interruptus*. You are evidently strongly of opinion that this has harmful effects, which are clearly pointed out in your book. [See fuller account p. 76 *ante*.] I would like to hear what method you consider most suitable."

No. 2023 (an M.R.C.S., L.R.C.P.). "Can you give me any help as to what answer to give my patients who ask as to the best and safest preventa-

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tive? That question I get frequently and for a time I advised the simple douche, but some patients and my own wife found it not reliable." [See p. 142 *ante.*]

No. 510 (a medical practitioner). "I have frequently to advise patients upon the subjects dealt with in your books, and am only too well aware how little we medical men know with any degree of authority how to deal with such inquiries. It seems good for the public (even if a reflection on us medicals) that your work should have come from a biologist, rather than from 'pathological' sources. We medicals are *forced* in the present state of affairs to be menders of the broken rather than preventers of the breakages."

No. 2011 (an M.D., F.R.C.S.). "It will be very kind of you if you will help me. My son, who is about to marry, wants to act on your advice [*re* contraceptives] . . . I am rather at sea in such matters."

I have received hundreds of such letters and questions from fully qualified medical practitioners; but these should be sufficient to illustrate the facts that there is not merely a popular demand for instruction in contraceptive means, but also that the medical profession itself as a whole lacks, and feels the lack, of such instruction. It was therefore, with mixed feelings that one read in 1921 LORD DAWSON's preface to his pamphlet¹ wherein he says: "I have discriminated between the principle of

¹ LORD DAWSON OF PENN. (1922) "Love—Marriage—Birth Control." Pp. 27. London, 1922.

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birth control and the method of its application, the latter being preferably determined by the advice of the family doctor rather than by the perusal of books in general circulation." True: but it would have been more just to have added that at that time a very large number of medical practitioners had but recently derived their information from a book "in general circulation," viz., "Wise Parenthood."

It is possible that in some medical schools there has been individual instruction in contraception in the past, but by 1927 I had not yet been able to find any record or any direct evidence of it except one verbal statement: when lecturing on contraceptive methods in 1922 to the Medical Society of Charing Cross Hospital Medical School, my Chairman then said he had always given some instruction to his students incidentally as suitable opportunities arose in connection with their work. I should be glad to receive any other authenticated records of the same sort as I hope to be able at a later date to give a fuller history of the subject.

Since the publication of "Married Love" (1918) there have been isolated attempts at such instruction, and sporadically and unauthoritatively some lecturers have referred their classes to this book and to "Wise Parenthood." But the fact still remained in 1923 very evident, that the training for the medical profession is generally based on the foundation of an assumption that the medical practitioner is a doctor of *disease*. Hence that it is necessary for him (or her) to be trained in all that appertains to every common and as many rare diseases as the college

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years permit. True *preventive* medicine has not yet reared its edifice on the firm rock of a thorough understanding of and training in the requirements of normal health. The proper use of contraceptives, as being the greatest safeguard of the race in preventing weakness, induced and inherited disease, is not yet officially recognized in the Medical Schools, although in many subjects less tinged with feeling and surrounded by ancient taboos than those involved in sex matters, this newer and sounder attitude is being widely adopted.

In March 1922 I sent a special letter of inquiry to all the leading Medical Schools in Great Britain asking whether any classes or lectures on contraception were available for their medical students: most of these sent replies, either from their respective Deans or Secretaries, and *all* (with one exception) replied with a categorical negative. A typical reply was as follows: "The subject you mention is not included in our Prospectus, nor are lectures given on it by any of the Medical Lecturers or Professors." A big school replied: "There are no classes or lectures on the subject of contraception for the students at this medical school, nor is it at present the intention of the authorities of the school to institute any classes or lectures on this subject." Another added, "I think I may say, that such information would not be required of students before their Final Examination, and for that they are prepared in the departments of Surgery, Medicine, Obstetrics, and Gynæcology."

The one exception was particularly intriguing:

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the Royal Free Hospital School of Medicine for Women replied: "The question of the Prevention of Pregnancy is dealt with in the Obstetrical and Gynaecological Unit of the Royal Free Hospital when the occasion for the necessity of its discussion arises." As this, therefore, appeared to be the *only* enlightened Medical School in our country I wrote again and received the personal reply of PROFESSOR LOUISE MCILROY that "There are no special classes held on the subject of Birth Control in the School. The question of the prevention of pregnancy is dealt with in individual cases of patients, and the students are instructed accordingly." In connection with this one must note PROFESSOR MCILROY'S lecture on contraception¹ and also that more recently there have been widely reported in the ordinary press her other pronouncements of opposition to the general spread of knowledge of contraceptives, although she does now give information to, and fits caps on patients herself at her out-patients' department.²

Since this chapter was first published world-wide advance on the lines for which I pleaded has been made. In America, for instance, DR. KNOPF³

¹ A. L. MCILROY, M.D. (1921): "Some Factors in the Control of the Birth-Rate." *Trans. Medico-Legal Soc.*, vol. xv, pp. 137-153. London, 1921.

² See the report in the *Birth Control News*, vol. viii, No. 10, pp. 145-148. London 1930, and Appendix B in "Ten Thousand Cases," London 1930; and "The Capture of Professor McIlroy's Cap." *Leader in the Medical Times*, vol. 59. No. 11, p. 36. Jan. 1931, New York.

³ DR. S. A. KNOPF (1930) "The Dilemma of the Family Physician regarding Contraception and Sterilization for Race Betterment." Reprinted from *Medical Times*. Pp. 14, April 1930. New York.

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circularized 75 Deans of American Medical Colleges, and published the fact that "special Courses on Contraception and Sterilization" are given in a dozen of them. On the other hand, publicity on this point is sometimes inconvenient, and in March 1931 almost all repudiated the idea that they gave any special instruction in the subject though "a brief time each year may be given to the consideration of therapeutic abortion, sterilization and to contraceptive measures."

No science is more swayed by public opinion and guided by public demands than Medicine, and there is every hope that as the great public awakens to the need for instruction in normal healthy sex procedure so will it become possible for research into normal behaviour to establish a true Faculty of Preventive Medicine. Thus must be grounded on the very basis of all true ante-natal preventive work (important though that be) and goes really to the *root* of the matter by securing for the community, almost without exception, that **conceptions be potentially healthy and favourable, or shall not occur.**

Since the appearance of the first edition of this book I have been asked to give many lectures on contraception. Requests have come from the whole Medical Departments of various University Schools in different parts of the country, when staffs and students have crowded the lecture hall. I have also been asked to lecture to branches of the British Medical Association, for instance, at Portsmouth, where the meeting was arranged by the local Medical

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Officer of Health. By every medical audience to which I have spoken, the address has been enthusiastically received and innumerable questions asked.

A great accession of interest in the movement has been evident in the last few years. Those who have all along been privately in favour of a serious study of contraception and were silenced by what they considered was public opinion, are now coming into the open about the matter. Roman Catholic opposition is concentrated in some medical practitioners, and an anti-birth control society has as its Hon. Secretary a medical man, Dr. Sutherland, a Roman Catholic convert. They were not strong enough, however, to deflect the determination of the British Medical Association as a whole to have freedom in the matter and in 1930 the following Resolution was passed by an overwhelming majority of the British Medical Association members:

“That in the opinion of the Representative Body the medical officer at any maternity and child welfare clinic (voluntary or municipal), equally with every other medical practitioner, had the right to advise either for or against the use of contraceptive methods in accordance with his individual judgment and responsibility, and should not be subject to dictation by the patient or by the doctor’s employing authority in this matter.”

Regarding the actual instruction in medical schools in this subject, as I have had a good deal of experience of academic teaching in the Universities,¹

¹ In addition to my undergraduate, advanced, and research students for palæontology, for three years I taught classes of about sixty medical students for their general biological laboratory work at one of our big Universities.

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one or two simple suggestions resulting from that experience may be useful.

In order that undergraduate students should take the subject seriously, it is necessary that it should be specifically named in the syllabus of all the Medical Schools. It should, I think, occur *both* in the groups of subjects under Preventive Medicine, and also Gynæcology. There should be a question on some aspect of contraception in one of the examinations every year or two, or the students will not set themselves to master the detail.

Ideally the subject should be considered in a full course dealing with all the leading physiological and psychological reactions of normal healthy persons in marriage. Some day this may be possible, it is not at present.

Meanwhile, were I asked at once to plan an adequate course of instruction for the syllabus of a first-class medical degree I should stipulate that the students came for the special lectures on contraception *after* they had already assisted at at least two or three actual births, preferably after they had completed their midwifery course, and hence had the necessary ground work on which to build the special detail required. There should then be not less than three lectures of one hour each illustrated by diagrams and the display of the actual preventive appliances. Thereafter each student should spend not less than six periods of two hours each at the birth control clinic working with the experienced midwife nurse and doctor in charge and thus gaining practice in the insertion of the

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different sizes and types of the necessary caps, sponges, &c., and also some understanding of the difficult cases which are of such frequent occurrence among the poor who have become to some degree abnormal through over-childbearing.

I well know how crowded college terms are, and the outcry always raised against any new intrusion into the packed syllabus, nevertheless, those training our future medical practitioners should bear in mind that there is no single health measure so important to the community at large as this.

Such a course is the *minimum* which in my opinion is essential for every medical practitioner to have passed through while training. Later on a more advanced course of lectures of "Intercollegiate" standard would probably be arranged from time to time for those specializing in either gynæcological or domestic practice.

The demand for municipal clinics which the permissive Memorandum of the Ministry of Health (see p. 360) now makes effective, makes calls on the medical profession which it is not fully equipped to meet. A hurried few hours spent visiting an established clinic will not enable the medical practitioner to do the best that may be done for the patients at public clinics.

A beginning of the necessary instruction for medicals has been made both in Germany and in England. First in Berlin, a special course lasting 3 days on "Geburtenregelung" for medicals was arranged, and the lectures published afterwards

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in pamphlet form by DR. KURT BENDIX.¹ The lecturers were: DR. HELENE STÖCKER, DR. ERWIN REICHE, DR. MAX HODANN, DR. MARTHA RUBENWOLF, DR. BENDIX, DR. E. GRAEFENBERG, DR. A. DÜHRSEN, DR. A. PICKHAM, DR. H. STABEL. A very important step in England was taken by the Royal Institute of Public Health which arranged a ten weeks' course on Contraception, with different distinguished men in the chair on each occasion. The syllabus is given in Appendix B, p. 444, as it is a landmark in the medical history of Great Britain. I have been invited to lecture in most of the medical schools in this country.

The rapid advance in the status of the subject has forced a number of medical schools to touch upon it in single lectures, generally in the gynaecological course. At no medical school or hospital however can the student or post-graduate obtain such practical technical demonstrations and practice on actual women as have been initiated at our Clinic and carried on there continuously until the War (1939).

¹ DR. KURT BENDIX (1928), Editor of "Geburtenregelung, Vorträge und Verhandlungen des Ärztekurses vom 28-30." December 1928. Pp. 131. Berlin 1928.

CHAPTER XIV

Birth Control Clinics

IN the first and second editions of this book I had accepted and reproduced the statement to which widespread credence had been given and which had been so repeatedly disseminated by "Neo-Malthusians" that "the first birth control clinic" had been established by DR. ALLETTA JACOBS in Holland. It is, of course, difficult to go against an apparently established and widely accepted view of facts which ante-date one's own personal experience: but the greater temerity implanted by the successful establishment of real birth control clinics in England led me to desire, and gave me breathing space, to look into the position of our alleged predecessors. The position becomes clear that there have not been formerly in Holland, nor are there at present, what we in England and what the world now recognizes as real birth control clinics. The confusion I think is really due to the Continental use of the word "clinics" in the sense we are accustomed to apply to ordinary professional sessions, or "Out-patients' Hours." That DR. ALLETTA JACOBS did herself at a time when it was very brave and independent of her to do so in

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Holland, give free contraceptive advice and hold special professional sessions for poor mothers in her own practice is of course unquestioned, and also that Dutch midwives gave instruction in the use of the cap, but as may be seen from the detailed reference in WILDE's book in 1838 that was no new thing on the Continent, nor does it constitute a clinic as clinics are generally understood.

The matter came up for discussion before the Medical Committee appointed by the National Council of Public Morals and in their Minutes and Report published in London in 1927 it will be seen that they had as a witness DR. STURGESS, an independent investigator from America. Some important points in her evidence and her examination are as follows:

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Pp. 50-51.

Perhaps Dr. Sturgess will tell us the general result of her inquiries in Holland. Did you find official clinics in birth control?—No, there was nothing in the nature of a "clinic" as we understand the term. Moreover, the so-called "clinics" were not official in character. I have been challenged on these statements, but submit that they are correct as to what I saw in Holland in the spring of 1924.

Pp. 51-52.

You went to see these Dutch clinics. Were any of them officially appointed under the Dutch Government?—No, the so-called clinics as I found them in 1924 were run under the auspices of an organisation known as the New Malthusian League. In practice they were independently run by the women in charge.

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Who were the women in charge?—I visited three clinics. One of the three was in charge of a midwife, and the other two were run by ordinary women.

No doctors?—They were neither doctors nor nurses; they were middle-class women. One was the wife of a street-car conductor, and one kept a hairdresser's shop.

In the three clinics you visited, was advice given indiscriminately?—Only one clinic was in operation, although I went on the days specified by the "list" circulated by the League. The clinics are advertised by letters sent out to all women who have recently had babies. I will give an account of the visit I made to one of the clinics in Amsterdam which was supposed to be their "show" place. I was accompanied by a former Vice-President of the League; my visit was expected. The woman in charge of that clinic is the person who was officially appointed to train others, the other women "practitioners" I call them.

What was your evidence on that particular one?—That particular clinic was held in the evening in the home of the practitioner; it was a simple, comfortable place. Seven patients attended. The equipment was simple. There was no running water, but a basin of water changed once, and a reclining chair. Ordinary surgical technique was lacking. No questions were asked. There was only one new patient. That one new patient was not asked her name or address, whether married or single or why she wanted advice. There were no records of any character or description, no pencil was put on paper during the entire proceedings. I was later informed that the practitioners refused to submit statistics as to numbers of patients treated.

P. 61.

MR. BOND: In regard to the question of the Dutch clinics, we gather that they are not State-aided or financed?—No.

By what means are they supported?—It is now evidently changed from the original plan. The "practitioners" origi-

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nally were given free training and paid by the League. Now they are compensated by the payments of the patients. They also make money by the selling of appliances, which they retail at 200 to 300 per cent. profit.

In the analysis of the clinics of various countries published in the recent book "Seventy Birth Control Clinics" under Holland, the following statement appears:

"There are no regularly constituted clinics in the Netherlands but a national organisation, the New-Malthusian League, founded in 1881, has instituted a widespread and quite informal service whereby women may receive instruction."

The so-called clinic which had a brief existence in America in 1916 was of a similar nature. There Margaret Sanger, a Nurse, made it known that she would give birth control information to those requiring it and was at once stopped by the police. She had not then, however, attempted to establish what would be described as a true clinic, nor to keep scientific records of the cases, to institute investigations into methods and so on, all of which appertains to the idea of a real birth control clinic such as that initiated in London in March 1921 and followed in essentials by the seventy and more formed after it.

Though on its foundation and even so late as the second edition of this book (1927) it was only claimed for it that it was the first in the British Empire: it is the fact, however, that when the pioneer Clinic was founded on March 17th, 1921, it was something more. I devised and wrote with my own hands the

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first birth control "case sheets" ever used. No older clinic for birth control than it exists to-day. Its history and origin therefore are of some interest and are as follows:—

THE FIRST BRITISH BIRTH CONTROL CLINIC.

People interested in the control of conception in England had talked for years of the need for clinics, but no very definite attempt to found one was made till 1917. Then the offer by MR. H. V. ROE, the aviation pioneer, of support for a birth control clinic, to be attached to St. Mary's Hospital, Manchester (already mentioned on pp. 321 and 322), was accompanied by a detailed statement of suggestions for the proposed foundation, among which the following is of sufficient interest to be put on record.

Dated 1917, the schedule was as follows:—

"The proposed BIRTH CONTROL CLINIC.

"*Organization.*

"*Staff.*—Male Doctor for male patients and Female Doctor for lady patients. Both should visit Holland, gaining a few weeks' experience with DR. J. RUTGERS at The Hague and with DR. ALLETTA JACOBS at Amsterdam.

"*Patients.*—

- "(a) All women who have experienced serious shock or danger in childbirth.
- "(b) All parents who are obviously suffering from hereditary disease or defect or too debilitated.

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- “(c) All married people whose economic conditions obviously preclude their doing justice to more children.
- “(d) All married men and women who ask for it.
- “(e) Midwives and nurses should also be instructed.

“Methods of Instruction.

“By printed pamphlets clearly describing the best contraceptive methods and precautions, and the cases in which birth control should be exercised.

“By demonstrating the use of Mensinga and other pessaries, douching, &c.

“Special information to those suffering from venereal or other hereditary or contagious diseases as to importance of avoiding conception and the precautions which may be taken to avoid communication to wife or husband.

“Special information in case of malformation.

“Information concerning the obtaining of the best and most economical appliances.

“*N.B.*—A stock of pessaries, syringes, &c., for free distribution to poorer patients and for purchase should be available.”

When the first Clinic came to be founded it was not attached to a hospital, but was opened as an independent institution, and this scheme therefore was modified to some extent. The first British Birth Control Clinic was not a copy of any model for no predecessor on its lines had existed. It has more individuality of its own than might have been

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the case had not the physiological and constructive side of control of conception received special attention in England just about the time the Clinic was founded.

On the day it was opened, March 17, 1921, the following was framed and hung on the wall of the clinic:—

"This, the first Birth Control Clinic in the British Empire, was opened on the 17th of March, 1921, by Humphrey Verdon Roe and his wife Marie Carmichael Stopes, in order to show by actual example what might be done for mothers and their children with no great difficulty, and what should be done all over the world when once the idea takes root in the public mind that motherhood should be voluntary and guided by the best scientific knowledge available."

"This Clinic is free to all, and is supported entirely by the two founders. Those who have benefited by its help are asked to hand on knowledge of its existence to others and help to create a public opinion which will force the Ministry of Health to include a similar service in Ante-Natal and Welfare Centres already supported by the Government in every district."

Although my husband and I were the founders of the first British birth control clinic, nevertheless I did not then, and do not now consider that more birth control clinics *as independent* institutions in England should be necessary. The obvious and proper places for the poorer classes to obtain contraceptive information are the Ante-natal Clinics

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and the Infant Welfare Centres, and hospitals which they may be attending. All the necessary machinery for the distribution of contraceptive knowledge to the poor we have already in these centres and clinics. Their release for suitable use made known by the permissive Memorandum of the Ministry of Health in 1930 (see p. 360) was a welcome concession to the demand framed above in 1921.

Ante-natal and welfare centres are now provided in almost every district and subsidized by the Government, and they possess almost all the necessary equipment already. The few additions they need are official encouragement, a breath of beauty and inspiration and the determination to have on the regular staff only such medical men (or preferably medical women) as are versed in contraceptive details and who possess so sympathetic a manner and attitude as to encourage the confidences of the timid inquirers who come and need help in the very intimate details which so often surround the problems of contraception and the marital relation.

Medical knowledge pure and simple is for these poor women *not* sufficient. They need deep personal understanding and help, not only instruction in the use of the method which will secure them freedom from conception, but also sex-lore which might make possible for them something like a normal sex life with their husbands, a happy state of affairs which is so incredibly difficult in the majority of poor homes to-day.

More especially for the really poor and very overburdened mother and the typical slum dweller

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who neither travels nor reads is the presence of a sympathetically staffed clinic, *not too remote from her own dwelling*, of great importance in guarding her own health and in the interests of the race. Unless experience in the clinic has brought first-hand knowledge of how some of the poorest women live it may not be realized how impossible it is for many a working mother to go any distance from home even for one day.

The patrons and staff of the first Clinic have already been recorded (see Chapter XI, p. 333), and its simple equipment may be described.¹

Two rooms are sufficient but three are desirable as a minimum. The first clinic was worked with three small rooms and a fourth available for storage, filing and so on. The room space of any ordinary welfare centre should be adequate. The Mothers' Clinic has now more space at 106, 108, Whitfield Street, where, in addition to the actual clinic and waiting room there is a committee room, library, and work rooms, rendered necessary by the fact that it has become a world centre of information to which people come from a distance for inspiration, instruction and advice. Also a small museum of contraceptives has been founded, containing many interesting specimens. Though small, this museum when

¹ "The Mothers' Clinic," first founded in Holloway, London, has since been removed to a more central position at 106, 108, Whitfield Street, Tottenham Court Rd., London, W.1, and has Branches at Aberdeen, Belfast, Cardiff and Leeds, all Headquarters branches as they are open every day from 10-6, except Saturdays.

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founded was the only one of its kind in the world, and is available for reference by any student of science. For the purposes of an ordinary local clinic, such limited accommodation as was arranged in the first instance was quite sufficient, and would give ample facilities for any welfare centre or ante-natal clinic which desires to add contraceptive instruction to its other activities.

In order to make access to the existing clinic inconspicuous and easy, the ground floor and a small shop in an ordinary quiet thoroughfare in a poor district were secured, the shop window curtained off and the name, "The Mothers' Clinic" painted on the shop front. The shop itself formed the outer reception room and its furnishing and decoration were specially chosen to have a psychological effect, namely that of health and sanity and as far as possible *beauty*. The accompanying photographs give an adequate indication of the first Clinic, which depended much on its colour scheme for its attraction. The parents visiting our clinic are desired to feel that they come not to discuss disease, nor to be subjected to an operation, but to consider in an inspiring way in attractive surroundings one of their greatest personal problems and the most vital racial questions which arise in their lives. The colour scheme is clear bright blue and white and the furniture that of an ordinary room with blue-toned pictures on the wall. The staff nurses wear a blue and white uniform: all are fully qualified, State-registered midwives. The personality of the nurse-in-charge is a very important factor in

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handling cases, particularly of women who are very unhappy and of an undermined temperament such as the weary workers of the slums. The first Clinic opened daily and twice a week late in the evening so that the husbands, if they desired to do so, could come with their wives after work hours. No letter of introduction was necessary, and no fees taken. Any mother or father who desired to do so could walk in at any time. On the same basis the Clinic is at present open regularly from 10 a.m. to 6 p.m. every day of the week except Saturdays; this proving more practical and convenient than varied hours.

Briefly the procedure is as follows: After the case is talked over and general help and advice given, if definite instruction in the use of the cap or other preventive is found necessary, the nurse takes the inquirer to the inner room which is more severely furnished and provided with an examination couch, wash-hand basin, sink, disinfectants, sterilizer, rubber gloves, and a screen. Here, the midwife makes a full digital examination (of course wearing rubber gloves and disinfecting adequately) to ascertain whether the uterus is in the normal position or whether there is serious prolapse, or any injury or malformation of the cervix. Where malformation or any difficulty or abnormality is detected an appointment is made with the visiting medical specialist who advises various methods according to the needs of each case. In normal simple cases, after digital examination to verify the normality, the nurse can generally estimate the size of the cap or sponge advisable. A cap or sponge is then

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inserted and the woman shown the proper posture, squatting on her heels, and slightly bending forward. The cap is then removed and the woman told to insert it herself, to move about and then to allow the nurse to feel whether it has been placed properly and reliably. Few women require a second instruction, but the friendly atmosphere of the Clinic and the sympathy of the nurse encourage them to come again if any difficulty arises.

The correspondence and demands for help from a distance which form a large part of the work at our centre would be almost non-existent were such clinics available in every district. The C.B.C. Birth Control Clinic served from the first opening not only London but Great Britain, and even Greater Britain, and also to some extent even foreign countries in all parts of the world, so that the correspondence is unduly heavy in this pioneer Clinic. This still remains true though we have our full-time Branches (addresses on p. 441). Individual inquirers by post are answered so far as possible, and now that reputable Clinics are opening in other parts we refer inquirers to their nearest local Clinic wherever that seems suitable. Although none of the other British charitable Clinics are entirely free like the pioneer C.B.C. Clinics, those run by responsible local committees generally make only a small charge of one shilling. The last few months of 1931 saw the application of the Memorandum of the Ministry of Health, and a widespread move for the foundation of free public clinics in every district, of which some are already

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initiated. Still, as a rule, unfortunately, all that can be done in regard to inquiries from a distance is to send them a copy of the simple pamphlet entitled "A Letter to Working Mothers" with any supplementary advice and help which may seem necessary, and to instruct them where to obtain the appliances from reliable firms or direct from a Clinic rather than to submit themselves to the extortion and dishonourable dealings of too many of the so-called "rubber shops" and doubtful retail chemists. To deal with the large areas where no clinical or medical help was available and cases requiring a knowledge of contraception were pitifully urgent, the Society for Constructive Birth Control organized *travelling clinics*, and sent the first out in 1927 to the East End of London. Bethnal Green Council was very helpful and offered a parking place on municipal ground by the Public Library. Later the caravan spent nearly a year touring the mining valleys in the distressed S. Wales coal fields.

This was followed by a second caravan which toured the industrial north. The travelling clinics work in touch with local doctors, midwives and social organisations wherever possible and thus have served the double purpose of instructing the poor and bringing a knowledge of practical technique to members of the medical and nursing professions in isolated stations. The caravans are large ones, divided into two rooms: one for examination, the other for the patients to prepare themselves for the examination and instruction. They are fitted up as

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like the parent clinic as possible with blue and white paint, sterilizers, examination couch, etc. Each stays four weeks in a district and the staff find local residence and park the clinic-caravan in some convenient field or plot. These travelling clinics have had a very great educational influence. Now that the Ministry of Health has rendered possible the widest distribution of centres of information such travelling clinics should soon become unnecessary.

As was indicated in the preceding pages the C.B.C. Clinic handles birth control from its broadest and truest aspect, namely that of "CONTROL" which implies the use only of methods which leave later conception potentially available, and also implies the positive side, namely, the inducement of conception where couples are childless and desire children and are themselves healthy. This positive side of the Clinic's work, of course requires a much wider knowledge than is necessary for the use of the simple contraceptive measures, and it is interesting that even in the short time that this aspect has been accentuated, a considerable number of persons desiring children have used the Clinic with benefit. Unfortunately, however, far too many who come are childless due to long cured venereal disease or some other fundamental sterilizing influence which makes it impossible to render assistance. Yet it is surprising how many also come whose childlessness is due to lack of sex knowledge and who can therefore be rendered fertile by simple methods which they themselves are able to carry out. It may appear

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incredible but I have even had one or two cases of perfectly intelligent normal people who did not know how coital penetration was effected and who had been married some years. In many cases, some elementary lack of adjustment in the coital act is at fault and can be put right by very simple and direct instruction. In a book on contraception, however, as distinct from *Constructive Birth Control*, a discussion of this aspect of the Birth Control Clinic is out of place, though I should like readers to realize that I consider positive control quite as important medically as negative, and that both are essentially part of the work of a clinic for *Constructive* birth control. See also report of the lecture course at the Royal Institute of Public Health,¹ and the Reports of my Clinic quoted previously.

After careful consideration it was decided that, desirable though it would be to have the fullest and most elaborate details recorded about each patient who used the Clinic, yet it is humanly impossible to ascertain all the facts a scientist might wish for without thwarting the object of the Clinic and frightening away the people who most need help and whose whole temperament and outlook are disposed to make them shrink from and fear any kind of categorical inquiry.

Naturally we had no model to copy when planning our Case sheets for my clinic, and I aimed at securing the maximum amount of information from the

¹ M. C. STOPES (1930) "Positive and Negative Control of Conception in its various technical aspects." *Journ. Roy. Inst. Public Health*. 1931. London.

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patients while giving the minimum of offence. So I endeavoured to draw the mean between a standard of impossible though desirable detail, and the minimum of those factors which might prove useful in any future consideration of the case. The case sheets I drew up, and which have since formed the basis for the case sheets of many other clinics, have spaces for the Number, Name, Address, Husband's name, Age at Marriage, Husband's Age at Marriage, Date of Marriage, and twelve columns for the births already existing, with spaces for the Date of each Birth or Miscarriage, a note whether still living or dead, and the Duration of Pregnancy. Also further notes on the Mother's history, Father's history and details about the children, if these are volunteered. It should be remarked that quite often the twelve columns are not sufficient for the pregnancies when abortions and miscarriages are taken into account, as, of course, they should be in every consideration of woman as mother.

It should be noted that from the point of view of economy and convenience of filing, the sheets were made the same size as an ordinary quarto sheet of typewriting paper. They are so arranged as to be folded backwards in half and filed with the folded edge uppermost, which gives each the necessary stability to form a convenient file on the card index system, and also makes it possible for the nurse to withdraw the record from the file on a second visit from the patient and consult it without the patient perceiving the nurse's more intimate comments on the case which are folded on the inner side. Sample

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sheets are printed in the Report on Ten Thousand Cases.¹

One of the phenomena of the last few years has been the almost simultaneous upspringing in a number of countries of Birth Control Clinics or centres of advice all of which date after the foundation of the British Birth Control Clinic in March 1921. The first to open was the Walworth Clinic in the autumn of the same year. Then in 1923 came Margaret Sanger's in New York, and another in New York in 1924, and one in Chicago also in 1924. In 1924 also the one in North Kensington, London, and one in Frankfurt. In 1925 one in Leipzig, one in Los Angeles, one in Wolverhampton and one in Cambridge, England. In 1926 another in New York, two more in London (one at Shepherd's Bush and another in East London), one in Oxford, in Liverpool, in Manchester, in Aberdeen (Scotland) and in the same year one in Berlin. In England the Society for the Provision of Birth Control Clinics makes small annual grants to assist voluntary local committees to found Clinics in areas needing them. Numerous centres also sprang up in Austria, inspired by FERCH, in Russia under the Government and the People's Commissary for Health. Were I to attempt to give details of all that is now being done in the formation of Clinics, even whilst my words were at the printers they would be rendered out of date, for the movement

¹ M. C. STOPES (1930) "Preliminary Notes on Various Technical Aspects of the Control of Conception, Based on the analysed data from Ten Thousand Cases attending the Pioneer Mothers' Clinic, London" Pp. 44. London 1930.

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is now world-wide in its extent and rapid in its progress. Reference should be made to the Compendium, *Seventy Birth Control Clinics*,¹ which is a very valuable and useful work though it contains some minor inaccuracies inevitable in a comprehensive survey appearing for the first time.

In America two main types of Birth Control Clinics are being established, those in association with or part of a hospital, and those established as independent institutions. Of hospital centres, in New York alone there are now fourteen such services established through the efforts and under the auspices of the Committee for Maternal Health. The extra-mural Clinics are established by local Birth Control Organisations or other lay groups and maintained by voluntary contributions. The largest of these is the one in New York established by Margaret Sanger in 1923. It is now open daily with three physicians and five nurses in regular attendance.

The Clinics in America are becoming the most numerous and they are also the best endowed with financial support. Detailed information about them may be obtained direct from Dr. Hannah Stone, Medical Director of the Birth Control Clinical Research Bureau; or Dr. Dickinson, the Secretary of the Committee on Maternal Health, both in New York.

Americans have naturally shown much interest in

¹ CAROLINE H. ROBINSON (1930) "*Seventy Birth Control Clinics, A Survey and Analysis including the general effects of control on size and quality of population.*" Pp. xx, 351. Baltimore 1930.

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the English Birth Control Clinics and this has found considerable printed expression in the publications of the Committee of Maternal Health and its active secretary, Dr. R. Dickinson, and also of Norman E. Himes, M.A.¹

Until 1930 the English Clinics were all financed meagrely by charitable subscription and run under the supervision of voluntary Committees. Now Municipal Clinics are beginning to be organized and promise shortly to exist in large numbers.

Founded in the year 1930 the only State-initiated and State-supported Clinics in the world are those run by the Government of Mysore in India, to which reference has been made. (See p. 439, Appendix A.)

Once clinical help is available in every district, as it should be, and once the cases where the women themselves are intelligent enough and only too eager to use methods of contraception have been dealt with and supplied with knowledge and appliances, there will remain the urgent racial problem of dealing with those who from every national point of view ought not to produce the unhealthy and degenerate infants which they are now producing and who therefore should be sterilized. Whether future developments will associate a sterilizing Department with the ordinary Birth Control Clinic is, in my opinion, doubtful. The best procedure seems to me to hand on the sterilization cases to the ordinary Surgical Departments of the Hospitals prepared to

¹ N. E. HIMES and V. C. HIMES (1929) "Birth Control for the British Working Classes." *Hospital Social Service* XIX. pp. 578 to 617.

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receive them in their surgical wards. For this, of course, public opinion must also press, as the average surgeon is still afraid to be known to take on sterilization cases.

The pioneer Clinic founded in 1921, published in 1925¹ analysed details of the first five thousand cases examined and advised.

Foreseeing that perhaps the enemies of progress might endeavour to confuse the clinical work of contraception with abortion, and that they might (and did actually) attempt to bribe our staff, every member of the staff at the Clinic was made to sign the following statutory declaration before a Commissioner for Oaths:—

STATUTORY DECLARATION.

"I, of in the County of . . . solemnly and sincerely declare as follows:—

1. "So long as I am in any way associated with 'The Mothers' Clinic' I will not in any circumstances whatever either in my capacity as a Nurse of 'The Mothers' Clinic' or in any other capacity, impart any information or lend any assistance whatever to any person calculated to lead to the destruction in utero of the products of conception.

2. "I know that abortion is unlawful under the Statutes of the Realm of England, and also that it is physiologically detrimental to the health of the person affected, and for these reasons I will not give any assistance or concurrence to the idea in any way.

3. "And I make this solemn declaration conscientiously

¹ STOPES, MARIE C. (1925): "The First Five Thousand, being the first report of the first Birth Control Clinic." Pp. 67. Illustrated. London, 1925.

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believing the same to be true by virtue of the Statutory Declarations Act, 1835."

Declared at.....	} (Signed)
in the County of	
this.....day of..... 192....	

COMMISSIONER FOR OATHS

It was my original intention to accumulate our case sheets until a total number of ten thousand had been reached, before issuing a report, because in the whole of the literature of the world, so far as I can ascertain, no records of more than a small number of cases had been considered and analysed, and ten thousand appeared to be a number of sufficient magnitude to satisfy the statistician who properly has a natural dislike of small numbers as the basis of generalizations. However, as so much misinformation had been given currency, it seemed wise to present certain preliminary results based on our first five thousand cases, which number is very respectable statistically, and immensely in excess of any data published heretofore by any observer. They helped to clear the air of some mischievous misstatements current at the time.

Of the first 5,000 cases, 4,834 desired contraceptive information in order to space the births of their children. The remaining 166 were childless and desired information on the control of conception with a view to becoming pregnant. This constructive aspect of our work was at the time unique in connection with the control of conception in any part of the world.

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The details concerning the cases of sterility on the part of those desiring conception would be of interest, but on very different lines from those connected with ordinary contraceptive work. Suffice it to say that quite a number of the women have happily conceived the desired children as a result of our help and are now happy mothers, in two cases the mothers of twin boys. An interesting result was achieved in one family where two married sisters had both been sterile after several years of marriage; both became pregnant to their husbands' joy and bore healthy children as a result of the instruction given at the Clinic.

Who Use the Clinic?

In view of the fact that some unscrupulous and reactionary opponents of the education of the poor have spread the slander that our Mothers' Clinic is a place where young unmarried girls and "flappers" come for instruction which enables them to go on the streets, it is interesting to note the following numbers:—

Of the first 5,000 attendances:

Married women	...	...	...	...	4,946
Unmarried mothers	...	...	...	...	2
Betrothed couples about to be married	...				52
					<hr/>
					5,000

Ten thousand cases were completed by 1928, and analysed. A brief Report of the main results was

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published in pamphlet form in 1930¹ but work on the sheets is very laborious and is not yet completed.

ANALYSIS OF ATTENDANCES

Of the 10,000 attendances herein discussed:—

Married Women numbered	...	...	...	9,912
Unmarried Mothers (or Pregnant) numbered	...			5
Betrothed Couples about to be married numbered				83
				<hr/> 10,000
Those who had borne children already	...	...		8,252

The percentages contained in the following statistics will, therefore, be understood to be those on the cases desiring contraceptive knowledge. Of these, 4,235 of the first 5,000 were mothers previous to coming to us, and a survey of the figures involved is very interesting. In the following tables it will be specially noted how the percentage of deaths and miscarriages steadily rises as the total number of pregnancies increases, clearly supporting the view I have long held, namely, that repeated pregnancies are *in themselves* a cause of infant mortality which no environmental conditions can counteract completely.

We feel confident from what many women have told us, that the total number of pregnancies is not nearly represented even by the figures on pp. 419-20; for the women often acknowledge forgetfulness of

¹ M. C. STOPES (1930): "Preliminary Notes on various aspects of the Control of Conception Based on the Analysed Data from Ten Thousand Cases attending the Pioneer Mothers' Clinic, London." Pp. 44. London 1930.

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the number of times they have personally brought on abortions. One woman I remember in particular telling me that she had abortions usually every second or third month through the whole of her married life, and that she kept a regular supply of abortifacient pills for the purpose. Such extreme cases were not entered numerically, as they were too vague, and yet they would give a colossal rise to the percentage rate of disaster. A very conservative line was taken by those entering the number of pregnancies in the cases sheets; and our figures certainly represent considerably less rather than more than the actual pregnancies per woman. Yet when these figures are plotted out on a curve they show how steadily the percentage of the death rate, both after term and *in utero*, rises in proportion to the number of times the mother has been pregnant up to thirteen times.

It will be observed that women with two or three pregnancies have only a total death and miscarriage percentage of 9.83; that those with five pregnancies are already as high as 21.67 per cent., those with ten pregnancies 33.18 per cent., those with twelve pregnancies 37 per cent., and so on.

Figures such as the above cannot be ignored, and even when "corrected" to satisfy statisticians, they paint an appalling picture of wasted vitality. They remain awkward facts in the face of the theorizers who claim that repeated pregnancies have no weakening effect upon the offspring. They reveal a death-rate of the nascent life *in utero* or childhood of 30 to 50 *per cent.* (*i.e. per hundred!*). Picture

MOTHERS' CLINIC

SURVEY OF 10,000 CASES ATTENDING THE ABOVE UP TO JULY, 1928

Maternal Histories of the 8,252 Mothers whose Pregnancies occurred before coming to us

Pregnancies			Live children		Deaths After birth		Miscarriages		Total Disasters	
Number	Cases	Total	Total	Per cent.	Total	Per cent.	Total	Per cent.	Deaths— and fetal in utero	Per cent. of preg- nancies
Once Pregnant ..	1,950	1,950	1,774	90·97	515	4·76	779	7·21	1,294	11·97
Twice Pregnant ..	2,094	4,188	3,764	80·87						
3 times Pregnant ..	1,554	4,661	3,968	85·13						
4 " " ..	998	3,992	3,135	78·53	280	7·01	577	14·46	857	21·47
5 " " ..	597	2,985	2,278	76·31	240	8·04	467	15·65	707	23·69
6 " " ..	362	2,172	1,640	75·50	201	9·25	331	15·24	531	24·50
7 " " ..	245	1,715	1,246	72·65	174	10·15	295	17·20	469	27·35
8 " " ..	164	1,312	938	71·50	157	11·96	217	16·54	374	28·50
9 " " ..	100	900	643	71·44	101	11·23	156	17·33	257	28·56
10 " " ..	64	640	447	69·84	87	13·59	106	16·57	193	30·56
11 " " ..	45	495	343	69·29	71	14·34	81	16·37	152	30·71
12 " " ..	38	456	277	60·76	88	19·29	91	19·95	179	39·24
13 " " ..	15	195	117	60·00	43	22·00	35	18·00	78	40·00

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MOTHERS' CLINIC

PRELIMINARY SURVEY OF 5,000 CASES ATTENDING THE ABOVE UP TO AUGUST 31, 1924

The Maternal Histories of the 4,235 Mothers whose Pregnancies occurred before coming to us

Pregnancies			Live children		Deaths		Miscarriages		Total disasters	
Number	Cases	Total	Total	Per cent.	Total	Per cent.	Total	Per cent.	Deaths— and foetal in utero	Per cent. of preg- nancies
Once pregnant ..	887	887	834	94·02	289	5·01	271	4·82	560	9·83
Twice pregnant ..	1,088	2,176	1,982	91·08						
3 times pregnant ..	787	2,361	2,048	86·69						
4 " " ..	535	2,140	1,756	82·06	146	6·82	238	11·12	384	17·94
5 " " ..	335	1,675	1,312	78·33	124	7·35	239	14·32	363	21·67
6 " " ..	203	1,218	949	77·91	106	8·69	163	13·40	269	22·29
7 " " ..	136	952	691	72·58	93	9·77	168	17·65	261	27·42
8 " " ..	100	800	592	74·00	103	12·90	105	13·10	208	26·00
9 " " ..	56	504	359	71·23	59	11·70	86	17·07	145	28·77
10 " " ..	44	440	294	66·82	69	15·69	77	17·49	146	33·18
11 " " ..	24	264	190	71·99	22	8·33	52	19·68	74	28·01
12 " " ..	22	264	166	62·91	49	18·55	49	18·55	98	37·10
13 " " ..	5	65	42	63·84	11	16·90	12	19·25	23	36·15
14 " " ..	5	70	50	71·43	8	11·43	12	17·14	20	28·57
15 " " ..	5	75	45	60·00	22	29·33	8	10·67	30	40·00
16 " " ..	1	16	12	75·00	2	12·50	2	12·50	4	25·00 ¹
17 " " ..	2	34	17	50·00	10	29·41	7	20·59	17	50·00

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¹ This one remarkably healthy family brings down the death-rate, but even so it is high.

Note that the above figures are reckoned *per hundred*; ordinary census death-rates are *per thousand*.

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what that means when our ordinary death rates are less than that reckoned *per thousand*. Emphatically I claim that the *only* way to get at all a true perception of the effect of repeated pregnancy is to reckon the mortality of the fœtus as well as that of the infant born alive. Until that is universally done, and the drain on the maternal vitality is realized, no "talk" against the use of contraceptives will have any value.

One of the features we noted after the Clinic had been open some time was that while, at first, we had simple, straightforward cases, as the months passed an increasing proportion of difficult cases presented themselves, that is to say, those having torn cervix, prolapsus uteri and so on. The proportion of these may be of interest. They are as follows:—

PERCENTAGE OF ABNORMAL AND DIFFICULT CASES OF THOSE ATTENDING THE CLINIC

In 1922	...	...	1·76 per cent.
„ 1923	...	...	13·77 „
„ 1924	...	...	33·80 „

Then they rise to 39 per cent., and in the last few months completing 10,000 cases they numbered 44 per cent.

These figures are extremely important in a large number of respects, and show the increasing need for the proper provision of Clinics. Our opponents ask what is the need of the Ministry of Health to have anything to do with birth control, as there is a mass of literature on the subject and any woman can obtain the catalogues from the "rubber-shops." Commercial information is tainted

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and that even in good books is insufficient for poor women who need *personal* instruction. I have never maintained, nor would I think of maintaining, that any but the normal woman should be left to deal with the controlling of her own pregnancy. When she is abnormal it is a case for expert advice and treatment. The enormous proportion of injured, diseased, torn, abnormal women in our midst is disgraceful. A large number of them have been left torn and injured after childbirth; they have been neglected by doctors in such a fashion that they suffer from some internal injury, and the number of such coming to us proportionately increases month by month. The normal and intelligent easily make themselves acquainted with birth control methods without help. Those who find difficulty, turn out to be cases of injury and abnormality, and the proportionate numbers of these have steadily increased. In the first 5,000 cases, the total number of abnormal cases was as follows:—

Those with the cervix slit	...	...	...	496
Those with serious prolapse	...	...	...	196
Those with other internal deformations	...	...	...	215

In the second 5,000, they number as follows:—

Those with the cervix slit	.....	...	...	825
Those with serious prolapse	...	...	...	139
Those with other deformations	...	...	...	1,293

These facts make an unanswerable body of material to place before those who say that public free Clinics are not needed.

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A point which should be of very special interest to the medical profession is the fact that the proper instruction in contraception involves the careful digital examination of the ordinary non-pregnant woman who is in reasonably good health—or apparently so. The very ailing woman cannot come to our Clinic; we do not examine or touch those who are pregnant; and we have had, therefore, a unique pioneer experience in the vaginal and cervical examination of the non-pregnant woman in average health. Many medical practitioners who have visited us and been shown the technique of our Clinic, have expressed their astonishment at the degree of variability of such women; and in his heart of hearts every medical practitioner will know that in the ordinary way, only a few years ago, the medical practitioner had little or no experience of such data about average women in health or supposed health. The facts which have accumulated on these points will, I think, be somewhat surprising; for of the 10,000 women whom we have thus examined—that is to say, women going about considering themselves well, or approximately well, we have data as follows:—

Of 10,000 women examined:—

Cases with prolapse have totalled	...	...	335
Cases with either natural deformation or abnormalities have totalled	...	...	1,508
Cases with the cervix slit and lacerated have totalled
	1,321
<hr/>			
Total of deformed or injured women	3,164
<hr/>			

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The cases with lacerated cervixes, totalling 1,321, call for special comment from two points of view (1) that where the laceration is deep (as it quite often is), it renders impossible the application of the best methods of contraception; and the woman who all unaware of her condition purchases some book or pamphlet, and tries to apply contraceptive knowledge for herself is liable to fail. Then contraceptive devices in general get the blame, whereas what was really wrong was the unmended injury in the woman.

This leads up to the consideration of a point that is of great significance to the medical profession, namely, the fact that contraception has two distinct aspects, i.e. (a) normal hygiene, and (b) medical treatment of disease or abnormality. (a) Normal contraception for normal healthy women exhibits no difficulties. It is a simple hygienic measure, similar to brushing the teeth or gargling, is easily understood, and with normal women is reliable and effective. (b) Directly any abnormality arises, however, such as low grade intelligence, irregular physical development or injury, the problem becomes one for the medical profession to consider seriously, and often one which is not easy of solution.

The foundations of sound contraceptive knowledge for the normal have been laid. The large number of nurses, health visitors, welfare workers and medical doctors who have come to me for information and discussion of the subject have actively spread and handed on the knowledge thus gained. Our Clinic

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was founded to give, directly or indirectly, information to the poor needing its help, and to crystallize and advance public opinion. Hence it was, and must remain for that very reason, debarred from active experiment with any new contraceptive measures save those in line with our knowledge, and offering safety and security from the first trial, such for instance as the varieties of greasy soluble pessaries, which is the direct result of experience gained at our Clinic. Our sympathies debar us from testing results of novel or dangerous researches, and such work should be undertaken in scientific laboratories or in the various medical departments of hospitals and special institutions. The poor women who come so trustfully for help to the Mothers' Clinic must be given the most reliable information available at present.

Somewhat of a stir in Birth Control centres and much ammunition to those opposing Contraceptive practice was afforded by a book by Mrs. Florence,¹ sometime secretary of the Cambridge Birth Control Clinic, with a foreword by Sir Humphry Rolleston, Bart., M.D. The small Cambridge Clinic followed in the main the "Walworth technique," and the book is based on three hundred cases extending over two years. It is a chronicle of a very high percentage of failure, and it has been estimated by the Press as an indication of the failure of Birth Control methods as a whole. Whereas of course the book is a revelation only of the failure of the technique

¹ L. S. FLORENCE (1930) "Birth Control on Trial." Pp. 160. London 1930.

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at the one clinic.¹ Her three hundred cases are analysed in a number of interesting tables, and the results are all based on house to house visiting, and so far are useful, but Mrs. Florence made the mistake of asserting that those cases are the only ones that anyone "knows about fully." Whereas of course this is far from true. At that very time at our own Clinic, since we instituted printed blank forms for our patients to send reports to us, we had over eight hundred reports in the women's own handwriting, and as I mentioned in the *Nation*, May 3rd, 1930, we also had three hundred cases chosen at random and visited house to house to tally with Mrs. Florence's three hundred. The percentage of failure in our three hundred was absolutely *zero* whilst the percentage of failure in hers was over 50 per cent.

Throughout this book when dealing with the various methods in use, comments which may indicate possible reasons for failures have been made, but I think a very important additional point is that discussed in some detail in the section dealing with Municipal Clinics (see p. 430). Mrs. Florence's Clinical results are, let us hope, the very worst in the world. Certainly, as more and more information comes from the rapidly increasing number of Clinics now springing up everywhere, they appear to be approximately ten times higher than those of any other Clinic, so that it has been peculiarly

¹ A fuller correspondence in which Mr. Norman Haire and others took part is in the *Nation and Athenæum*, April and May 1930, to which reference may be made.

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unfortunate for the *réclame* of the movement that publication of a volume which achieved such notoriety should have been made about the black sheep of the flock. The results of the smaller Clinics published in Himes' papers and the results (though not published) privately available from the Walworth and other big Clinics, and in particular the results published of American Clinics (see for instance the work of Dr. Hannah Stone¹) are all immensely better. The mass of analysed data published in the imposing volume *Seventy Birth Control Clinics: A Comprehensive Survey and Analysis*,² is summarised (p. 73) as "A possible maximum of 16 per cent. failures is all I can estimate at worst from the New York figures, probably the reality is much nearer the 4 per cent. undoubtedly gotten on the reported cases alone."

Everyone dealing with any kind of clinical work, quite apart from such a special subject as Birth Control, finds even under the most favourable conditions a great difficulty in keeping track of cases. After a year or two a large proportion have changed their addresses or lost touch in spite of promises to report and in spite of the inducements that the ordinary medical healer has to offer to the patient who desires his help. So it is not to be wondered at that Birth Control patients who, having got the knowledge and used it successfully have no further

¹ HANNAH M. STONE, M.D. (1928) "Therapeutic Contraception, *Medical Journal and Record*. Reprint Pp. 18. New York 1928.

² CAROLINE H. ROBINSON (1930) "Seventy Birth Control Clinics, A Survey and Analysis including the general effects of control on Size and Quality of Population." Pp. xx, 351. Baltimore 1930.

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inducement to come to the Clinic and who belong to the poorer section of the community whose addresses shift and change without record, are exceptionally difficult to trace or lost in large numbers. Nevertheless I fully recognize the cogency of the argument that house to house visiting is the one final criterion of the success of the work of a Clinic, and only the lack of funds (for the work is extremely expensive) and of time have prevented me from making house to house visiting a special feature of our Clinic. We have been doing it however slowly and as occasion offered. But again our house to house visiting is more costly than that of other Clinics, for I consider that the relation of confidence between the patients who come to the Clinic and ourselves would be violated by sending a lay worker to their homes and all our house to house visiting is done by registered midwife nurses additionally trained to take clinical patients. Our staff, I may mention, has five such nurses and for the greater part of a year now one or other of them has been visiting at their own houses in London cases going back each year as far as the year 1924. The earlier years are omitted only because the proportion who have left their homes is so very great that it puts up the cost of the visiting to an exorbitant figure. The analysis of a thousand cases chosen by chance, but all from the London area (for as a charitable Clinic we simply cannot afford to send nurses house to house visiting to Aberdeen, Cornwall, the Isle of Man, India or South America, from whence and other places quite a large proportion of our

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patients have come!) A high proportion of course were found to have gone away, and, as is to be expected, had left no trace of their new addresses. The total number of "failures" in the one thousand cases visited was three, making a percentage failure of 0.3 as maximum. But it should be one less because one of these failures occurred in the first month and the dates indicate that she was probably pregnant unaware and undetectably when she came to the Clinic, and one of the other two failures was hardly our fault as the woman herself acknowledged that she had been careless having used the method since 1927 successfully (sponge and oil, see p. 161) she thought so long an immunity would in itself be a safeguard and she was careless about using the method as "I thought I'd be safe now anyway." The only failure which I feel should really be counted against us is one whose first visit was in 1928 by a woman who was over-anxious and did not place the cap and soluble successfully and failed, having an undesired pregnancy. This is the only real failure in house to house records of 1,000 cases visited.

An interesting little set of thirty-four cases of the very poorest type who have been kept under examination by the doctors in charge of a borough Welfare Centre was reported in the *Birth Control News*, July 1930.¹ These were women belonging to precisely the type whom pessimists say are incapable of benefiting from Birth Control advice, they afford

¹ HONOR EARL (1930) "Data on technique." *Birth Control News*, p. 38. July 1930. London.

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valuable evidence of what the right technique carefully applied can do.

I am well aware how these results of ours are received in some quarters: not always with gladness that such a degree of security can be given to poor people, seldom with the desire to come to us and learn how to do likewise, but often with jealousy and the desire to show how we must be wrong because by using *different* methods and *another* technique, equal results are not obtained at other Clinics! But perhaps some day all this developmental phase of the movement may be outgrown and poor women all over the world may be helped as we should like to help them.

The mistaken idea put into circulation that we advocate and teach "only one method" is answered by the following figures.

METHODS TAUGHT AT THE C.B.C. CLINIC

ANALYSIS OF THE FIRST 10,000 CASES

Methods recommended for the Woman:—

Small high-domed all rubber cap (together with greasy suppositories)	...	...	...	6,852
Sponge and Vinegar	...	...	...	21
Sponge with greasy suppository or olive oil	...	...	...	1,910
"Dutch Cap"	...	...	...	27
Wool Tampon (medicated)	...	...	...	15
"Mispah" type cap	1
Female Sheath	1
Quinine Pessary only	2

For use by the husband:—

Condom	170
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These ten thousand cases, commencing with the first of all in 1921, represent the condition of women characteristic of the original years of clinic work.

In succeeding years the proportions of the different methods used slowly changes, with the fact that the percentage of "difficult" cases increases as the years pass and knowledge becomes more widespread and is applied without difficulty by the intelligent women to her own needs.

Now (1941) over forty thousand cases are available for analysis and show that the percentage of "dutch" or diaphragm caps used is now much higher than it was in the first ten thousand cases.

One of the incidental values of birth control clinic work has been the exposure of the shocking extent of minor gynæcological injuries and their neglect both by the women themselves and by their medical attendants.

The practice of contraception is in many ways the connecting link between health and disease. When used by the normal individual as a health measure its essential value and purpose is to keep that individual healthy and out of the hands of the doctor, yet it often shows the *need* for medical attention which has been overlooked.

The prime object of the medical profession being the health of the community, a full knowledge of contraception should be one of the doctor's most useful adjuncts. When used by diseased persons contraception becomes the great preventive measure to arrest the spread of disease and degeneracy throughout the nation.

CHAPTER XV

Municipal Clinics

(Added to the 3rd Ed. in 1931)

IN England the Permissive Memorandum of the Ministry of Health (which has already been printed verbatim on p. 360) has rendered effective the widely distributed efforts of a large number of locally interested Committees and individuals.

Here and there all over England Municipal Clinics for Birth Control instruction are being organized, and a few are already working. Vastly more are in the chaotic condition preceding crystallization into working order. Local Medical Officers in every county are either themselves interested or are being prodded into an interest by local Health Committees or by the electorate.

In some quarters vague and excessive ideas of the difficulty and the amount of equipment necessary to establish a birth control clinic are in circulation, so that it may be useful to give a specific list of all the essential equipment. This follows below, and though perhaps the total number of small items makes the list look rather long, the merest glance will reveal that the items are extremely inexpensive and easy to obtain.

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Assuming that the accommodation provided is suitable in a general sense, that is to say that the rooms are clean, the plumbing wholesome and other such elementary requirements of such a nature as one would naturally expect in any subsidized institution, the following become essential when the rooms are to be used for our special purpose.

The poor women coming for Birth Control advice are very likely to be accompanied by babies in perambulators or young children. Our experience, and that of many other privately run Clinics, shows that the over-burdened mother who especially requires information is she who has a young family which she dare not leave behind her.

A waiting-room, therefore, properly warmed with its gas, electric or other fire guarded, is an important accessory.

The room used for clinical purposes, i.e. in which instruction in actual methods is given by the lady doctor or specially trained midwife, should contain the following:—

The room itself should be fitted with electric light if possible. Its windows frosted or screened by net curtains.

A screened recess or cubicle for undressing and a screen for the door.

A lavatory basin with a running supply of hot water if possible. A running supply of cold water essential.

Liquid soap in a container above the basin. Ordinary soap. Nail brushes.

A plentiful supply of hand towels.

An enamel waste receptacle with cover for used wool, matches, etc.

A gas or electric fire.

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A gas ring. (Modern gas fires made with rings above are convenient.)

An enamelled sterilizer. (Large enough to take two or three caps several inches in diameter and one or two pairs of rubber gloves at the same time.)

A kettle.

An examination couch, facing the light.

A step or footstool (so that the patient may mount the couch easily).

A covering sheet of white mackintosh on the examination couch.

A strip of mirror, 1 ft. wide by $2\frac{1}{2}$ –3 ft. high, framed, which can be stood on the floor leaning against the wall at various angles.¹

An electric torch.

A desk table with drawers, or at least a table and card index boxes, on which to make and file Case Records.

Convenient lavatory accommodation is particularly important as many of the poor women are careless and must be made to evacuate the bowels before fitting.

Modern seats to safeguard patients from each other's possible carelessness are advisable.

(NOTE.—All this equipment, though necessary for Birth Control instruction, is of use where the room has to serve also for other purposes.)

SPECIAL BIRTH CONTROL REQUIREMENTS

Case sheets for the patients' records.

Speculum.

Small forceps.

Rubber gloves for doctor and midwife.

Lysol to be diluted for clinical use. (But not to be recommended to the patients for their use at home.)

¹ This is a very simple device of mine which greatly facilitates teaching the woman how to insert a cap.

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Two or three small enamel bowls 5 or 6 inches in diameter.

Two enamel bowls 6 or 10 inches in diameter.

Jar of vaseline.

Powdered chalk to dry gloves and caps.

Cotton wool.

AS REGARDS REQUIREMENTS FOR THE ACTUAL METHOD TAUGHT

The requisites for the various methods preferred by the doctor should be kept in stock (in all sizes and varieties likely to be used) in sufficient quantity to meet the weekly demand; but in addition to that other methods, which may not be specially approved or liked, should be stocked in a small quantity because individual patients may be so formed that their use may be necessary.

Experience of over 14,000 cases at our Clinic suggests the following stock as being the proportionate amount of the various requisites with which a Clinic can run comfortably and supply the patients direct with the method each has been instructed to use.

Dutch rubber diaphragm caps, sizes 45 to 85 millimetres in diameter.

Two (or more) complete series to be kept solely for purposes of the Doctor's fitting.

Half a dozen complete sets for supply to the patients, and perhaps six extra of each of sizes 60 to 75 millimetres—as those are the sizes most frequently likely to be in use.

One tube of Contraceptive jelly for clinical use with the caps for instruction purposes.

A dozen tubes ditto, unused, for sale to patients requiring them.

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Two (or more) complete sets of Racial occlusive caps for Doctor's fitting and instruction.¹

A supply of all sizes for the patients to keep when fitted.

(NOTE.—The following relative numbers of the various sizes likely to be used give some indication of the frequency with which the women require the various sizes. They are given in dozens because they are purchased more cheaply in that way.

Size 0	...	...	...	1 dozen
„ 1	...	...	...	5 dozen
„ 2	...	...	...	5 dozen
„ 3	...	...	...	2-2½ dozen.)

Greasy soluble suppositories. (Each box contains 12 suppositories.) Say one dozen boxes always in stock for the patients to take home.

Racial Sponges of two sizes: Extra large (Size 1).
Large („ 2).

Relative numbers required by patients: Size 1 5 dozen.
 „ 2 ½ „

Olive Oil—Plain.

Olive Oil—Medicated according to the choice of the Doctor.

Other suppositories according to taste; samples of the leading types should be available.

Syringes are advised by some Clinics. One or two should be kept for special cases. A large stock should not be necessary as their general use is not advisable. (See p. 142.)

We find also at our Clinic that a medical tray table on running wheels, two tiers with glass trays,

¹ Two sets of these are at least necessary as they are so frequently required, and should be sterilized between use.

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is extremely useful, though it is not an essential for a Clinic where funds are low.

Obviously the equipment should further include

Dusters, swabs, etc., i.e. the necessary and obvious requirements for cleanliness and antiseptic care.

At our Clinic we have incorporated a certain charm and attractiveness of appearance by having everything bright blue and white. Being in the midst of a dirty City district white paint is rather an extravagance and the effect is achieved by the use of bright blue paint with white and blue wall paper and white enamel or glass basins and general equipment. Our walls are decorated with blue and white pictures of beautiful babies and can well be utilized for attractively framed notices of advice and instruction. We also have cut flowers.

And, in order to understand and help each case in her very intimate problems we ask very intimate questions about the mode, frequency and experience in coitus, which, unless absolutely rightly handled, make the woman "go all hot and cold." Our staff, both doctors and midwives, are themselves *all* married women and the mothers of children and are specially selected in other ways also, and they and they only handle all that appertains to every case.

The tendency of instruction in other Clinics is to try to economize the time of the expert by having the assistance of "lay workers." So in the Clinics run on the Walworth pattern, lay workers first interview each woman, take down her particulars, discuss her affairs in detail with her and then hand

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her on to the Doctor for the medical examination and fitting. After that she is handed back to others for further teaching and practice. On paper this seems obviously right and economical, but I think the practice is very unfortunate, and in my opinion it is one of the causes of the high percentage of failure which (see p. 423) is revealed by the figures of some Clinics run on the "Walworth technique."¹ I may say that in spite of generous offers of help by lay workers, and the desire to save the expert time of Doctors and Midwives, I have entirely resisted the temptation to permit such handling of cases coming to my Clinic. After they present themselves at the outer office and say they want to see the nurse or Doctor they are handed on to the Clinic and no one asks them any questions or has anything to do with them except the trained experts. This is an expensive method, but in my opinion it is emphatically the only entirely satisfactory way of dealing with this very special type of work. I think too it is one of the factors accounting for the extraordinarily high proportion of success our staff achieves, which, being so much in advance of that of any other Clinic has been found inexplicable, and even unbelievable by some colleagues at other institutions. I speak with a double authority not only as the founder and Director of the pioneer and most successful Clinic, but as one who has personally in her own body submitted herself (when disguised as a very poor woman) to the treatment of a famous

¹ See also my lecture to the Royal Institute of Public Health, published in their Journal 1931.

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institution giving Birth Control instruction by the cap method. There the handling of my own case as a very poor woman was in my opinion an outrage; and to think that really poor women are thus treated when they go for similar advice distresses me, and I desire to save other women if possible by urging upon those responsible as far as possible not to stint the time of their experts, but to create a right atmosphere for the work.

By those who are accustomed by training and experience to handle these matters calmly and easily, it is usually forgotten how supersensitive and self-conscious ordinary women still are about everything appertaining to their sex life. And the woman who is handed from one to another when she comes full of trepidation to get instruction in controlling pregnancies, the fear of which hangs over her life, is usually at the outset in a state of high tension, of nervous anxiety, and mental strain. I have found from personal experience, abundantly confirmed by the Doctor and midwives at my Clinic, that five or ten minutes of a quiet and strong and undisturbed helpfulness of attitude are often necessary to relax the patient's tension and make her at peace and in a normal state of mind and body. Both are important, for with her mind she must grasp and retain the instruction given her, and her body has to be fitted for the size and type of apparatus she is to use. It is not fully realized how the shape, size and position of the critical organs vary in the same woman; and if she is "all wrought up," even the physical fitting on which the Doctor of the Clinic

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prides himself or herself may not be a correct one. Here is a key to one source of "failures" which Municipal Clinics will certainly want to avoid, because if their Birth Control teaching leads to many failures the medical officers concerned cannot fail to be chagrined.

Though this suggests a novel departure from the type of practice which has grown up in many Welfare Centres and some Birth Control Clinics, I hope it may be followed, and with success, by those who will be responsible for the now inevitable Municipal Birth Control Clinics

I wrote here in 1934: "The recent active association of LORD HORDER, M.D., with the movement for establishing such clinics should do much to further their formation."

I little thought that the Society of which he is President would time after time have recommended or helped to disseminate methods physiologically injurious to women, and that to-day (1941) this organisation is sponsoring a chemical suppository (commercially sold as "Volpar") of which the chemical composition contains phenyl mercuric acetate. About this we get many complaints from women who have used it. In my opinion it is inexcusable to induce women to place into such an absorptive tract as the vagina (see p. 85) a chemical of this nature though it is heralded with resounding puffs of the "research" involved.

Unfortunately, owing to various reasons which one cannot enter into fully in this book, large numbers of clinics have become entangled in this

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coil which I hope represents only a developmental phase, but which at the time is most unfortunate both for the movement and for the women concerned.

In addition to private clinics and those supported by various charitable and other organisations, a large number of Local Authorities are now using their powers under the Memorandum of the Ministry of Health (see p. 360). In England, Scotland and Wales these total over one hundred. All these clinics are open at varying times, generally for a few hours each week or each fortnight. The only clinics which are all free and open every day are those founded by myself, the C.B.C. Mothers' Clinics, the addresses of which are as follows:—

THE C.B.C. MOTHERS' CLINICS

108, WHITFIELD STREET, TOTTENHAM COURT ROAD, LONDON, W.1

(One minute from Tottenham Court Road and Warren Street Tube Stations.)

Telephone: Euston 4628

at 4, GERRARD STREET, GALLOWGATE, ABERDEEN

at 103, THE MOUNT, BELFAST

at 60, RAILWAY STREET, SPOTT, CARDIFF

Buses 12, 12a or 7 to Splott Bridge

at 68, BELLEVUE ROAD, LEEDS, 3

No. 12 Bus. A penny ride from City Square to Abyssinia Road

at 90, EATON ROAD, BRYNHYFRYD, SWANSEA

There are other affiliated Clinics in a variety of districts, open at varying hours. The nearest address to the writer can be supplied on application to the C.B.C., 106-108, Whitfield Street, London, W.1

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APPENDIX A

*The first Government Birth Control Clinics in the World
are INDIAN*

(Refer back to p. 411)

The Official Record is as follows:—

“THE MYSORE GAZETTE

“Vol. 65

No. 25

“Published by authority

“Bangalore, Thursday, June 19, 1930

“PART I

“Important Government Orders

“Chief Secretariat

“BIRTH CONTROL CLINICS

“**R**EAD—

Letter No. C. 1103-5 dated the 27th March, 1930, from the Senior Surgeon in Mysore, submitting proposals for the establishments of Birth Control Clinics in the Victoria and Maternity Hospitals at Bangalore and Krishnarajendra and Vani Vilas Hospitals in Mysore.

“Order thereon No. G. 14353-6-Med. 263-29-3, dated Camp Mysore, 11th June, 1930.

“The Senior Surgeon reports that many women either on account of bodily ill-health or on account of frequent child-bearing are so debilitated that maternity is contra-indicated

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for their own sake as well as that of their progeny. With a view to provide the necessary knowledge and the means for contraception in such cases he proposes. . . .

“(1) That the Lady Medical Officers of the Victoria and the Maternity Hospitals, Bangalore, and the Krishnarajendra and Vani Vilas Hospitals, Mysore, be authorized to enlighten women desirous of information on the subject for bona fide reasons and also to teach the necessary technique.

“(2) That contraceptive appliances costing not more than Rs. 500 be stocked in the Institutions for being supplied at cost price to those wishing to have them.

“The Senior Surgeon further states that such advice will be given by Lady Medical Officers only to married women who require it on considerations of health or for economic reasons.

“Under these circumstances, Government are pleased to approve of the above proposals and direct that the sum of Rs. 500 required for the purchase of contraceptive appliances be met in the first instance from that provision for ‘Europe Medicines’ under 21 Medical, 3 Medical Stores, and recouped from the sales later.

“(Sd.) N. MADHAVA RAO,
“*Chief Secretary to Government.*”

APPENDIX B

Syllabus of the first Medical Course on Contraception given in Great Britain. (Refer back to p. 392.)

THE ROYAL INSTITUTE OF PUBLIC HEALTH

Patron: HIS MAJESTY THE KING

A Course of Lectures on

"CONTRACEPTION AND ALLIED QUESTIONS"

will be delivered in the

LECTURE HALL OF THE INSTITUTE, 37, RUSSELL SQUARE, LONDON, W.C.1

In the interests of Public and Personal Health the Council of The Royal Institute of Public Health have arranged for the following course of lectures.

The subjects dealt with are of special importance at the present time, particularly in view of the Memorandum recently prepared by the Ministry of Health for the guidance of Local Authorities; and also the fact that the Medical Schools in this Country do not provide courses of instruction on the subjects. The Course has been specially planned to meet the needs of Medical Practitioners and Senior Medical Students.

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DATE AND TIME, 1930	SUBJECT	LECTURER	CHAIRMAN
Thursday, October 9, 4 p.m.	Christian Civilization and Contraception	Rev. A. Herbert Gray, D.D.	The Rt. Rev. H. Russell Wakefield, D.D. Formerly Lord Bishop of Birmingham
Thursday, October 16, 4 p.m.	Contraception and the Medical Officer of Health	C. Killick Millard, M.D., D.Sc. Medical Officer of Health, City of Leicester	C. J. Bond, C.M.G., F.R.C.S. Hon. Consulting Surgeon, Leicester Royal Infirmary
Thursday, October 23, 4 p.m.	Some Medico-Legal Aspects of Contraception	Alfred Goodman, Esq., Barrister-at-Law	Colonel Sir William R. Smith, M.D., J.P., D.L., Barrister- at Law

Thursday, October 30, 4 p.m.	Sterilization of the Unfit	C. P. Blacker, M.C., M.A., M.R.C.P. Secretary of Special Sterilization Committee, The Eugenics Society	R. A. Gibbons, M.D., F.R.C.S., M.R.C.P. Gynaecologist, Grosvenor Hospital for Women
Thursday, November 6, 4 p.m.	History and Theory of Con- traceptive Technique	Marie C. Stopes, D.Sc., Ph.D., F.L.S., etc. Fellow, University College, London	Sir Arbutnot Lane, Bart., C.B., M.B., M.S.
Thursday, November 13, 4 p.m.	Present Day Technique and Clinical Results in Contra- ception	Marie C. Stopes, D.Sc., Ph.D., F.L.S., etc. Fellow, University College, London	The Right Hon. Earl Russell, Parliamentary Under-Sec- retary of State for India
Thursday, November 20, 4 p.m.	Contraceptive Problems of Destitute or Injured Women	Dr. Maude E. Kerslake	Dr. Jane L. Hawthorne
Thursday, November 27, 4 p.m.	Contraceptive Responsibilities of the Medical Practitioner	Harold Chapple, M.A. M.B., F.R.C.S. Senior Obstetric Surgeon and Gynaecologist, Guy's Hospital	E. B. Turner, F.R.C.S. Vice-President of the British Social Hygiene Council
Thursday, December 4, 4 p.m.	Medical Arguments against Contraception	F. J. McCann, M.D., F.R.C.S., M.R.C.P. Consulting Surgeon, Samaritan Free Hospital for Women	Harry Campbell, M.D., F.R.C.P. Consulting Physician, West End Hospital for Ner- vous Diseases
Thursday, December 11, 4 p.m.	Positive and Negative Control of Conception in its Various Technical Aspects	Marie C. Stopes, D.Sc., Ph.D., F.L.S., etc. Fellow, University College, London	Sir James Barr, C.B.E., M.D., F.R.C.P. Vice-President of the British Medical Association

Admission to the Lectures is free but is restricted to Members of the Medical Profession and to Senior Medical Students.

APPENDIX C

(Refer back to p. 269)

(Pages quoted are of Edition 2)

THE second edition of this book was very kindly reviewed in *Nature* on November 5th, 1927, by Professor Mac Bride in a very interesting and helpful manner, but concerning one point I wrote the following letter to *Nature* for publication, but it proved too long for insertion. As the points raised are of permanent interest and I should not like it to appear that I ignored Professor Mac Bride's comments it seems suitable that my letter should be published here. It was as follows:—

One point raised by the review is so interesting and important that I should be extremely glad of space for its discussion by your readers. Professor Mac Bride says that I "seem to think that Carr-Saunders has disposed of the arguments of Malthus. Never was there a greater illusion. Malthus' main position stands to-day as an impregnable rock."

I think he a little misrepresents me. I do not profess to discuss the Malthusian theory in this book, and only touch on Malthus here and there in the historical chapter, and on pages 297-8. There I mention Carr-Saunders and Malthus together and say: "As Carr-Saunders in 'The Population Problem,' 1922, has so recently gone into this history in detail, readers should turn to this book, in which references will be found to Malthus' predecessors of early date, including Botero who wrote in 1596 and Sir M. Hale who in 1667 largely forestalled whatever is still true in Malthus' work."

Surely this cannot be controverted. Then too the idea of

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optimum population which I stress with Carr-Saunders, is of supreme importance and is wholly different from any conception which Malthus entertained. On page 297, I have an eight-line paragraph not in the least based on Carr-Saunders, but containing my own considered opinion that "not only was the advice of *Malthus* wholly inadequate (practically as regards methods), his general theory of population will not bear the searchlight of modern scientific investigation." This point I am prepared to argue on biological grounds.

Is it not that Malthus' law *appears* to Professor Mac Bride to be "an impregnable rock" because, as in ordinary human affairs, he takes the instinctive focus towards it? This I might describe as a "short-distance focus." I think fundamental biological truth demands for its appreciation a "long-distance focus." I coin these very inadequate phrases to save space and convey the kind of idea I am trying so briefly to express. The difference in validity between "laws" of "short-distance focus," and of "long-distance focus" seems to me a useful concept for all sciences to recognize.

Many illusions are created in our minds concerning the processes of Nature by our instinctive short-distance focus. A few illustrations may make clear the kind of idea in my mind. Another law, like Malthus', depending on "short-distance focus" is the "fixity of species." This was, until recent times, almost universally accepted as a law, but a long-distance view of evolution shows that species melt and merge. Similarly, even in Mathematics, we have short and long-distance focus laws. The former are those of simple geometry and algebra; Einstein coming with his Relativity brings in a series of long-distance focus laws, which shake even the "impregnable rock" of Newton's astronomy, yet leave it useful and valid for "short-distance" use. Similarly in Palæontology. Sir Arthur Smith-Woodward, in his Presidential Address to the Geological Society a few years ago, and Mr. Lang of the Palæontological Department of the British Museum, and others are beginning to elucidate

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what one might describe as the "long-distance view" of genera, showing that they explicitly do not "adapt themselves to environment" or to do lots of the things which species from a short-distance point of view are supposed to do, but that distinct genera go through parallel processes of evolution on time scales of their own, apparently following fundamental laws unsuspected until Palæontologists took up the matter with a "long-distance focus."

Palæontological and other "long-distance" laws render Malthus' law as ephemeral as any other "short-distance law," although if the word *generally* were inserted in it, one would be quite willing to accept it as a useful short-distance law for most practical human purposes. But "impregnable rock" it is not.

Consideration of Malthus' law from this point of view is not even touched upon or suggested by Professor Carr-Saunders, but it was behind my mind when I wrote the second paragraph on page 297. I should like to say much more, but I think that, although Professor Mac Bride does not approach his subject as a Palæontologist, he will agree with me that, taking into consideration such arguments, the statement in my paragraph is ultimately and profoundly true.

APPENDIX D

(Refer back to p. 178)

ON THE RACIAL CONTRACEPTIVES OF THE C.B.C.

STATEMENT ISSUED BY THE C.B.C. EXECUTIVE COMMITTEE

IN several editions of Dr. Stopes' books mention appears of her view that the best type of vaginal, all rubber cap is the Pro-Race, and that this is confirmed by experience at the C.B.C. Clinic. Unfortunately, as a consequence, the word Pro-Race has been taken up by various commercial firms in such a way that it is now miscellaneously applied to a number of things which neither the Committee at our Clinic nor Dr. Stopes personally recommend, and some of which they emphatically disapprove. Other, less scrupulous commercial firms have interpreted the phraseology in such a fashion as to confuse her recommendations even with abortifacients in the mind of the ignorant and careless public to whom their catalogues are sent.

It appears necessary therefore, that the following facts should be known. Of the vaginal caps in existence when first Dr. Stopes undertook the foundation of the birth control clinic and made recommendations to those asking for help in books and letters, she found that the "small Mensinga" type of vaginal cap was the best, but the dome of the cap was universally made too low. (See the reasons which make this low dome inadvisable for universal use in "Contraception, its Theory, History and Practice" and the pamphlet "Coital Interlocking," Bulletin No. 2 of the C.B.C. Clinic.)

She, therefore, with the approval and in conjunction with

CONTRACEPTION

the Medical Research Committee of the Constructive Birth Control Clinic, instructed a manufacturer to make specially high domed caps for use at our Clinic. Then merely for convenience in ordering, she attached to these caps specially made for us the word Pro-Race. But as Dr. Stopes is a scientific and philanthropic person and the Medical Committee and the Clinic purely philanthropic, we took no steps commercially to register or protect this word. Although Dr. Stopes' improvement of the high dome to vaginal caps has been almost universally adopted by other makers all over the world, she has given the idea gratis to the world, only to find that, instead of benefiting the poor, her ideas and her name were commercially "cornered" and used in such a manner as to cause not only annoyance to Dr. Stopes but definitely to mislead the public.

Those who, following the advice in the earlier editions of Dr. Stopes' books, have purchased and use Pro-Race caps should note that the term Pro-Race has been applied commercially to articles which are not approved by her or the Committee, and to many other things as well as caps.

Experience at the Clinic has led Dr. Stopes to make some further improvement in the cap and modifications of the sponge and other methods. After seeking legal guidance the Committee of the C.B.C. have decided to trade mark and register the word RACIAL and thus protect the public from commercial abuse of the specific types of contraceptives used and approved at the Clinic.

NOTE.—Some time after this began to take effect, a special effort was made to induce the larger respectable chemists to stock contraceptives at low prices, and I saw several directors of some of the leading firms myself. I did so because I have always felt that the slur on the whole subject implied in the refusal to supply approved contraceptives to their customers has been most detrimental, and has largely increased the greed and impudence of the undesirable commercial firms whose touting advertisements and unpleasant emporia would never have been resorted to by

APPENDICES

decent people had they been able to get contraceptives at the regular pharmaceutical drug stores. Medical practitioners will doubtless join me in welcoming the fact that many Pharmacists, Boots, and Timothy Whites, Taylors now stock Racial contraceptives at all their branches, so that in the future it will be easy for women who have been fitted by their doctors to renew their supplies from respectable sources in their own localities.

Several years ago the commercial "ramp" in condoms was so serious that after the discussion in the House of Commons the C.B.C. Committee issued the following statement:—

THE USE OF CONDOMS

The fundamental teaching of our President and the Mothers' Clinics has been that contraceptives used by the male are less physiologically right than the best type used by women. The C.B.C. Committee is still strongly of the opinion that where possible the wife should be properly fitted at a Clinic with the contraceptive best for her own use.

Some people are so placed that they cannot visit a Clinic immediately after marriage. Moreover there is no clinically recommended feminine method which can be used by virgin girls, and so brides cannot be reliably fitted until a few weeks of marriage have passed. These, and other factors in our social life sometimes make the use of the condom by the man temporarily advisable.

The commercial trade in condoms is generally profiteering, and often has unpleasant associations. For many years the C.B.C. Society, disliking their use, left patients coming to its Clinics unhelped regarding condoms.

As exposed in the House of Commons Debate recent commercial developments have become so offensive that the C.B.C. Committee, after mature consideration, decided that

CONTRACEPTION

it would be failing in its duty if it did not make it possible for those needing help to obtain through its irreproachable source reliable and inexpensive condoms.

Every type has been tested most carefully and the C.B.C. now supplies really satisfactory thin condoms or sheaths.

The C.B.C. Committee considers that these condoms at three for 1s. will solve many of the problems which have unfortunately accumulated round the provision of this type of contraceptive.

Photostat Facsimile of the famous "Diabolical Handbill"

TO
THE MARRIED OF BOTH SEXES
 IN
Genteel Life.



Among the many sufferings of married women, as mothers, there are two cases which command the utmost sympathy and commiseration.

The first arises from constitutional peculiarities, or weaknesses.

The second from mal-conformation of the bones of the Pelvis.

Besides these two cases, there is a third case applicable to both sexes: namely, the consequences of having more children than the income of the parents enables them to maintain and educate in a desirable manner.

The first named case produces miscarriages, and brings on a state of existence scarcely endurable. It has caused thousands of respectable women to linger on in pain and apprehension, till at length, death has put an end to their almost inconceivable sufferings.

The second case is always attended with immediate risk of life. Pregnancy never terminates without intense suffering, seldom without the death of the child, frequently with the death of the mother, and sometimes with the death of both mother and child.

The third case is by far the most common, and the most open to general observation. In the middle ranks, the most virtuous and praiseworthy efforts are perpetually made to keep up the respectability of the family; but a continual increase of children gradually yet certainly renders every effort to prevent degradation unavailing, it paralyzes by rendering hopeless all exertion, and the family sinks into poverty and despair. Thus is engendered and perpetuated a hideous mass of misery.

The knowledge of what awaits them deters vast numbers of young men from marrying and causes them to spend the best portion of their lives in a state of debauchery, utterly incompatible with the honourable and honest feelings which should be the characteristic of young men. The treachery, duplicity, and hypocrisy, they use towards their friends and the unfortunate victims of their seductions, while they devote a large number of females to the most dreadful of all states which human beings can endure extinguishes in them to a very great extent, all manly, upright notions; and qualifies them to as great an extent, for the commission of acts which but for these vile practices they would abhor, and thus to an enormous extent is the whole community injured.

Marriage in early life, is the only truly happy state, and if the evil consequences of too large a family did not deter them, all men would marry while young, and thus would many lamentable evils be removed from society.

A simple, effectual, and safe means of accomplishing these desirable results has long been known, and to a considerable extent practised in some places. But until lately has been but little known in this country. Accoucheurs of the first respectability and surgeons of great eminence have in some peculiar cases recommended it. Within the last two years, a more extensive knowledge of the process has prevailed and its practice has been more extensively adopted. It is now made public for the benefit of every body. A piece of soft sponge about the size of a small ball attached to a very narrow ribbon, and slightly moistened (when convenient) is introduced previous to sexual intercourse, and is afterwards withdrawn, and thus by an easy, simple, cleanly and not indelicate method, no ways injurious to health, not only may much unhappiness and many miseries be prevented, but benefits to an incalculable amount be conferred on society.

APPENDIX E

The Facsimile of the famous DIABOLICAL HANDBILL

DISTRIBUTED BY FRANCIS PLACE IN 1823
(see pp. 274 and 275 and 285 ante
and Plate X)

Reads as follows:—

TO THE MARRIED OF BOTH SEXES IN GENTEEL LIFE

AMONG the many sufferings of married women, as mothers, there are two cases which command the utmost sympathy and commiseration.

The first arises from constitutional peculiarities, or weaknesses.

The second from mal-conformation of the bones of the Pelvis.

Besides these two cases, there is a third case applicable to both sexes: namely, the consequences of having more children than the income of the parents enables them to maintain and educate in a desirable manner.

The first named case produces miscarriages, and brings on a state of existence scarcely endurable. It has caused thousands of respectable women to linger on in pain and apprehension, till at length, death has put an end to their almost inconceivable sufferings.

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CONTRACEPTION

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APPENDIX F

Sponge and Oil Method

WAR-TIME SUBSTITUTES

THE sponge and oil method of birth control, so important to many women, was rendered extremely difficult in war-time by the absence of sponges and olive oil for replacements, and this difficulty continues.

A good substitute for a sponge for this purpose can be made from a teased-out pad of animal wool. Animal wool can be bought in packets from most chemists quite cheaply, and enough should be taken to make the pad the thickness of the sponge. It should then be enclosed in the crochet sponge net.

After use the animal wool cannot be washed like a sponge, but should be burned, and the net washed and occasionally boiled.

The net can be re-used a number of times.

SUBSTITUTE FOR OLIVE OIL

Since olive oil is almost unobtainable, and almond oil, which replaces it well, has become difficult to get, castor oil is the most readily available.

Instead of oil for greasing the sponge or pad of animal wool, it is possible to use one or two melted Racial greasy suppositories. These melt at a very low temperature, and if one is put in the small tin lid of a cocoa tin placed near the fire it will melt, and can then be smeared all over the pad of animal wool or sponge. On cooling, this grease will set again, but will re-melt internally when the pad is inserted, and thus replaces the oil satisfactorily.

DESCRIPTION OF PLATES

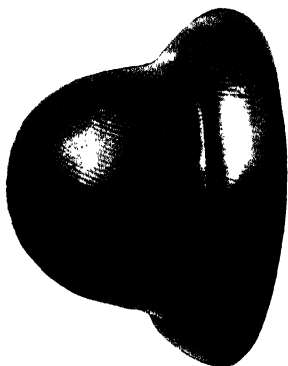
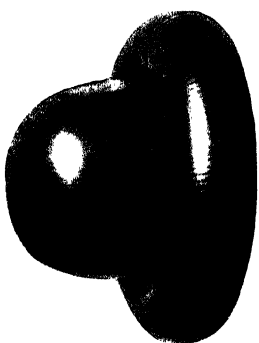
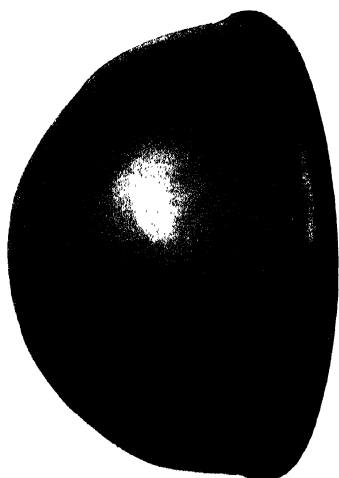
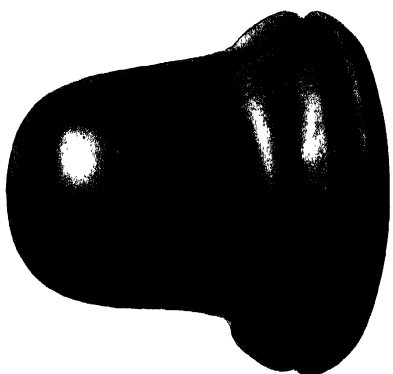
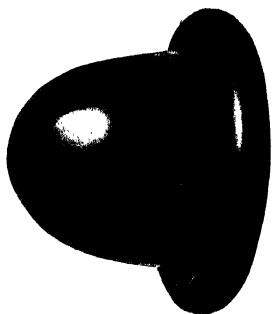
- I. The Reception Room of the original Mothers' Clinic for Constructive Birth Control.
- II. The exterior and inner room of the original Mothers' Clinic for Constructive Birth Control, now moved to 108, Whitfield Street, W.1.
- III. Various forms of feminine rubber caps for wear in the vagina. Natural sizes.
 - Fig. 1.—Occlusive cap with inflated rim, see p. 178 et seq.
 - Figs. 2 and 3.—Varieties of occlusive caps with solid rims of different shapes, p. 183.
 - Fig. 4.—Occlusive cap with solid rim and high simple dome, the RACIAL small size, see p. 183 et seq.
 - Fig. 5.—Occlusive cap in two parts, the "Mizpah," the lower thick rim separate, see p. 195 et seq.
 - Fig. 6.—"Diaphragm" type, the "Dutch" cap with metal spring rim, medium size, see p. 196 et seq.
- IV. All figures natural sizes.
 - Fig. 7.—"Diaphragm" type, solid lens shaped cap or "Dumas," see p. 206 et seq.
 - Fig. 8.—Occlusive cap covered with sponge, see p. 194.
 - Fig. 9.—"Diaphragm" type, the "Matrisalus" cap of zygomorphic shape, see p. 205.
 - Fig. 10.—Feminine sheath, or "Capote Anglaise," see p. 209 et seq.
- V. Various metal instruments. All figures natural sizes.
 - Fig. 1.—"Portio" type, all-metal cap, a simple metal hemisphere with stiff metal rim: called the "Vetovit," see p. 174.
 - Fig. 2.—"Portio" type, all-metal cap, a simple metal hemisphere with nicked rim. The metal is peculiarly pliable: called the "Orga," see p. 174.



PLATE II



THE EXTERIOR AND INNER ROOM OF THE ORIGINAL MOTHERS' CLINIC
FOR CONSTRUCTIVE BIRTH CONTROL, NOW MOVED TO
108, WHITFIELD STREET, W.I

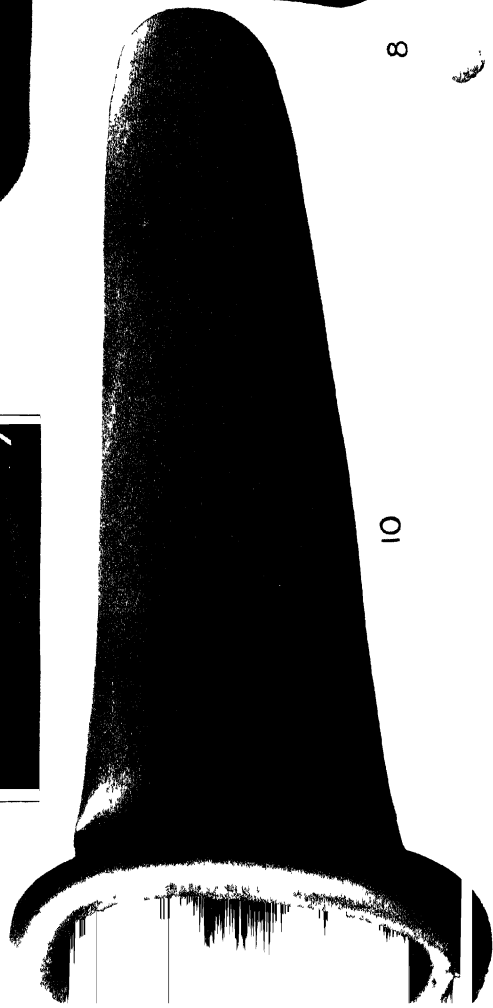




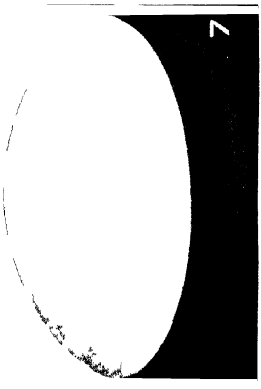
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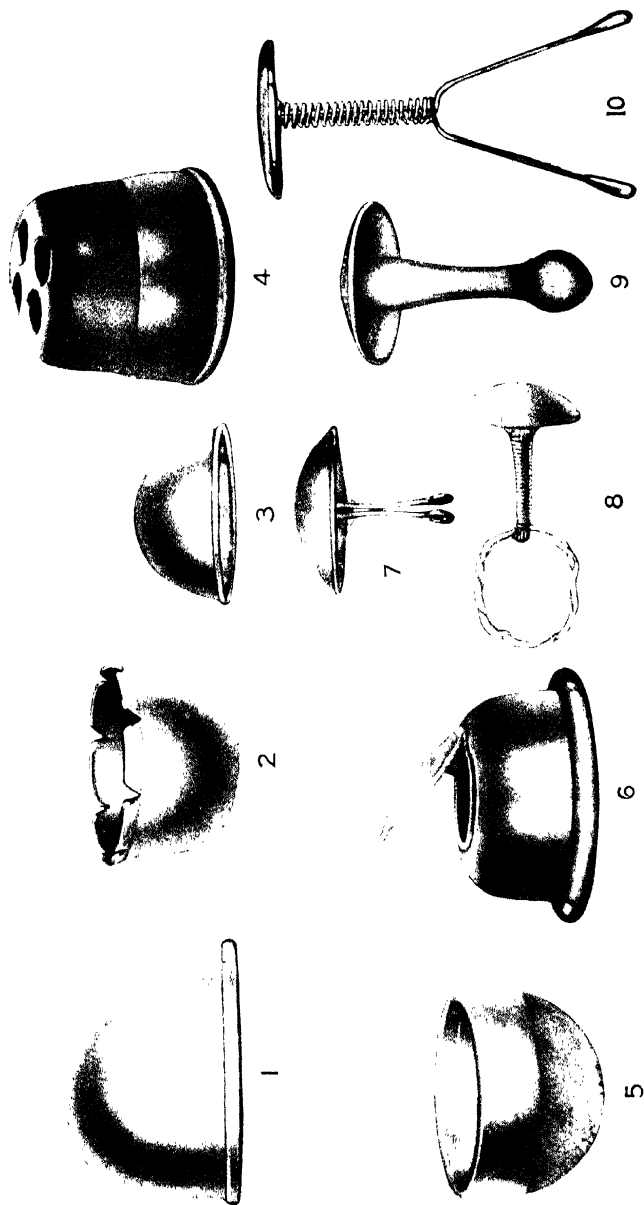


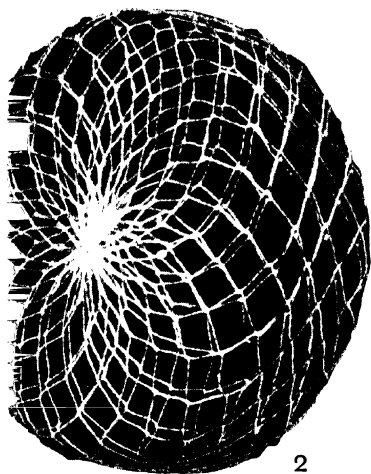
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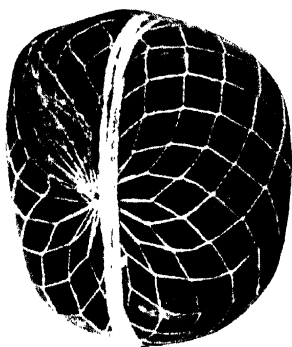
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PLATE V

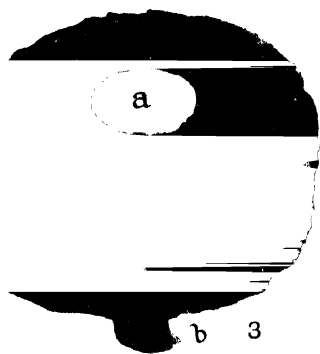




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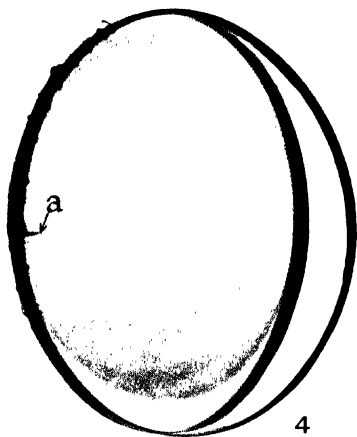


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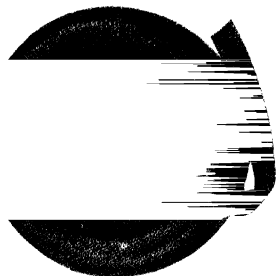
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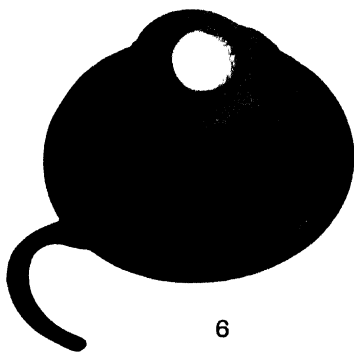


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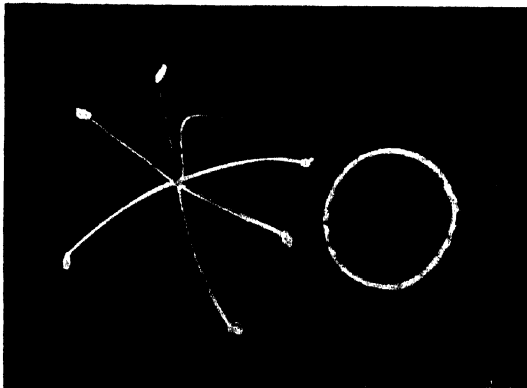
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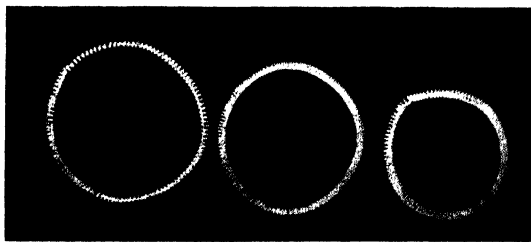
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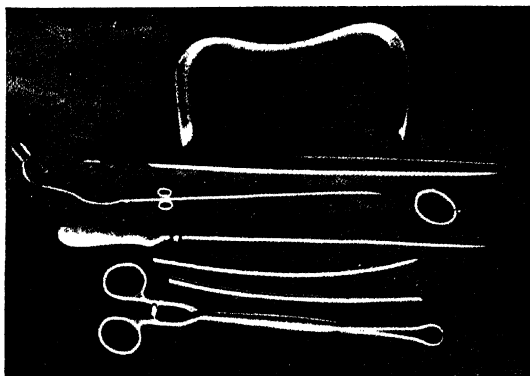
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1. SILK STAR AND SILK RING WOUND WITH SILVER WIRE



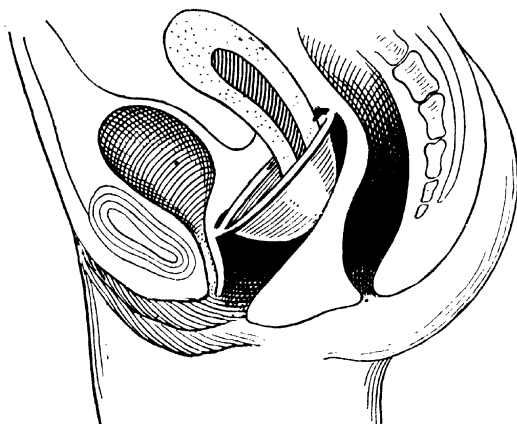
2. RINGS OF COILED SILVER WIRE



3. SET OF INSTRUMENTS FOR INSERTION OF SILK RING
AFTER GRAFENBERG

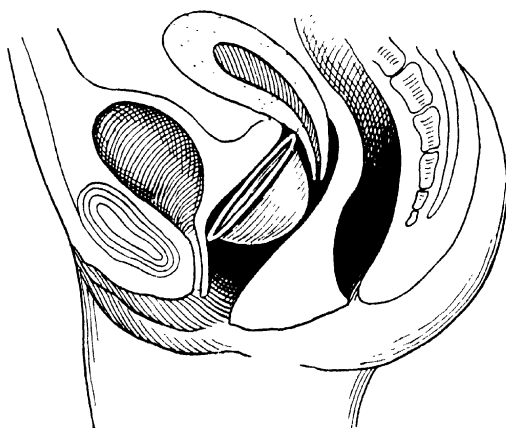
PLATE IX

THE "DIAPHRAGM CAP" ("DUTCH," "RAMSES," ETC.)
IN POSITION



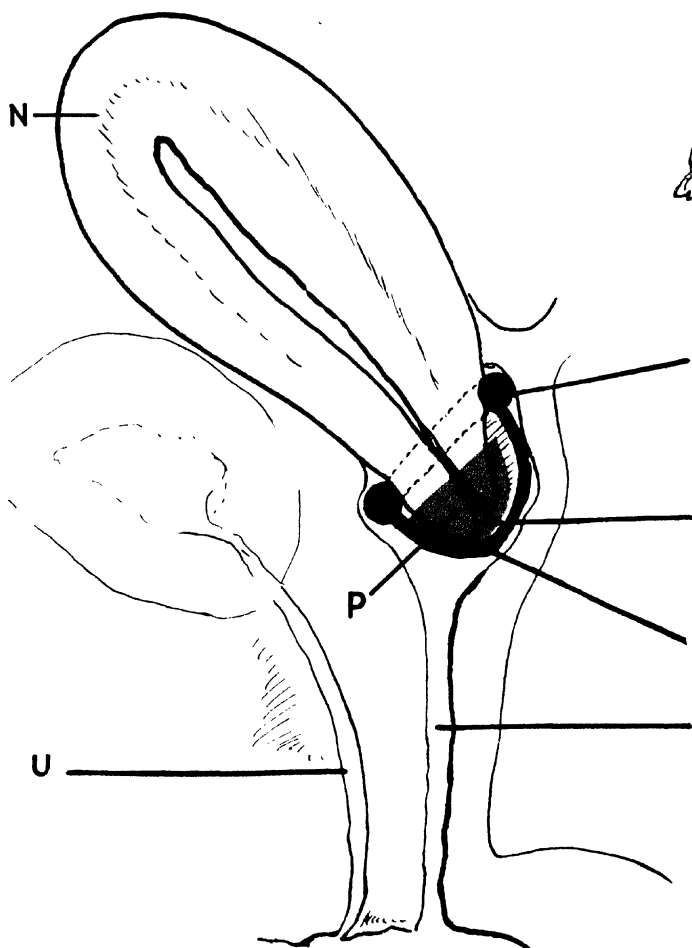
1. A BIG SIZE AND PROPERLY FITTING

The rim lying from the posterior cul-de-sac fornix to
the symphysis pubis



2. TOO SMALL AND IN WRONG POSITION

AFTER DR. LEUNBACH



ROUGH DIAGRAM OF UTERUS WITH BOTH A "PORTIO" CAP (RED) AND
OCCLUSIVE CAP IN POSITION

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Fig. 3.—“Portio” type, all-metal cap, a simple very small metal hemisphere with stiff metal rim, see p. 173.

Fig. 4.—“Portio” type, complicated cap, made of simalut and metal, with four holes in the crown of the cap, and inside the cap a valve spring of metal which is supposed to control the opening and closing of the valve: called the “Kaeser,” see p. 177.

Fig. 5.—“Portio” type, complicated double cap, containing disinfectant or other powders, see p. 177.

Fig. 6.—“Portio” type, all-metal cap, of very firm and solid metal with heavy firm rim. The crown of the cap has a small lid (shown open in the plate) which opens or closes and is kept closed with a small clip: called the “Hygibe,” see p. 176.

Fig. 7.—Inter-uterine, all-metal, double pronged “pin” or “stud,” the prongs to be inserted in the cervical canal, and the cap-like end of the stud to close over the cervix, see p. 211.

Fig. 8.—Inter-uterine, somewhat similar “stud” or “pin” made in celluloid, ivory or metal with catgut ring attached. The idea being that the stalk of the stud penetrates the cervical canal and the twist of catgut lies free in the uterus, see p. 214.

Fig. 9.—Inter-uterine, simple, heavier “stud” or “pin,” with proportionately thicker stalk, see p. 211.

Fig. 10.—Inter-uterine, “gold spring” or “stud” or “pin,” sometimes called the “Wishbone.” The elongated stalk is surrounded by a spring and the long prongs lie in the uterine cavity. Made in gold and silver-gilt in a considerable range of sizes, see p. 211 et seq.

VI. All figures in this Plate are natural size.

Fig. 1.—“Sanitary Sponge” of the type, shape and form usually sold; it is thick and small which leads to many failures. See page 161.

Fig. 2.—The RACIAL: Type of sponge used at our Clinic with which we have an exceptionally high degree of success. It is flat and $\frac{3}{4}$ inch only in thickness and disc shaped, see page 163.

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Fig. 3.—The “Occlusator” rubber sponge with pocket (a) in which an effervescing suppository is placed before use; (b) the handle for removal which forms a flat band attached to both sides of the sponge, see page 168.

Fig. 4.—The metal spring rim taken out of a *Dutch cap* (see Figure 6, Plate III) showing the double band of the metal rim on the right, and on the left the wiring together of the two bands. At the arrow (a) is the pointed end of the wire which has been coiled round the spring, see page 200.

Fig. 5.—“Bymeston” occlusive cap, looking into the inside of the cap showing the pocket of rubber on the inside at the top of the dome.

Fig. 6.—“Bymeston” occlusive cap turned inside out showing the pocket at the top enclosing the effervescing suppository placed in position.

VII. Figures reproduced from Graefenberg's paper.

Fig. 1.—The silkworm star, and the silkworm ring twisted with silver wire, see page 220.

Fig. 2.—The present type of “silver ring” evolved from the former, see page 222.

Fig. 3.—The instruments used for the insertion of a silver ring, see page 221.

VIII. Rough diagram of uterus with both the “Portio” cap (red) and an Occlusive (“Racial”) cap in position.

c. Cervix.

d. Dome of occlusive rubber cap.

ro. Rim of same cut through. The dotted lines indicate the continuation of the occlusive rim.

p. Scarlet surface indicates the size and position of the “Portio” type of cap.

n. Uterus.

v. Vagina.

u. Urethra.

NOTE.—By representing the two caps as though placed simultaneously in position, the essential differences between them are apparent. The “Portio” type of cap fitting on to the end of the cervix like a thimble; the occlusive cap placed right over the cervix with the dome round its base lying in the fornices, the

DESCRIPTION OF PLATES

dome part of the cap being quite loose and not even touching the cervix, leaving plenty of room for extruded secretions. Those to whom this is still not clear should study the cap in position in a life-size model of the uterus and vagina in the Museum of the C.B.C., 108 Whitfield Street, London.

- IX. Rough diagram of a Diaphragm ("Dutch," "Ramses," etc.) type of cap in position. AFTER LEUNBACH.

Fig. 1.—A big size diaphragm, properly fitted, so that the rim lies from the posterior fornix or cul-de-sac to the symphysis pubis.

Fig. 2.—A cap too small and placed in a manner which is a common source of error, so that it presses against the base of the cervix in the anterior fornix instead of over it in the posterior fornix.

NOTE.—These caps are both put in the same orientation as the Occlusive and "Portio" caps in Plate VIII, but the English school often prefer to place it in the reverse orientation, facing the other way.

- X. Appendix E. Facsimile of the "Diabolical Handbill." Photostat of one form of the famous "Diabolical Handbill" distributed by Francis Place in 1823 (see pages 276, 287).

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